



# Ursinus College

WELLNESS CENTER  
AUTHORIZATION TO RELEASE/  
REQUEST CONFIDENTIAL INFORMATION

I, \_\_\_\_\_, authorize the Wellness Center of Ursinus College to:

(Please print)

**RELEASE INFORMATION TO** and/or  **REQUEST INFORMATION FROM:**

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Outside person/provider/title

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Name of agency/affiliation/relationship

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Phone and fax numbers

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Mailing address: street, city, and zip code

**For the purpose of:**

\_\_\_\_\_ Continued care      \_\_\_\_\_ Personal knowledge

\_\_\_\_\_ Academic              \_\_\_\_\_ Insurance

\_\_\_\_\_ Employment          \_\_\_\_\_ Other \_\_\_\_\_

Additional Information about purpose of disclosure:

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**Check all desired:**

COUNSELING RECORDS

\_\_\_\_\_ Treatment summary

\_\_\_\_\_ Diagnosis

\_\_\_\_\_ Treatment recommendations

\_\_\_\_\_ Attendance/Dates of treatment

\_\_\_\_\_ Testing results

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Exclusions (items not to be disclosed)

PSYCHIATRY RECORDS

\_\_\_\_\_ Initial evaluation

\_\_\_\_\_ Progress notes

\_\_\_\_\_ Last clinical visit note

\_\_\_\_\_ Diagnosis

\_\_\_\_\_ Attendance/Dates of treatment

\_\_\_\_\_ Other \_\_\_\_\_

**How would you like this information communicated?**

\_\_\_\_\_ Verbal discussion

\_\_\_\_\_ Written information

\_\_\_\_\_ Other (e.g., email) \_\_\_\_\_

**I understand this authorization is voluntary and not a condition of treatment. This authorization is automatically void after 1 year, and may be terminated by me at any given time with a written notice, effective as of the date of signature. Information sent and/or received through this authorization may not be re-released to another individual or agency.**

**I may revoke my consent at any time (except to the extent that the information has already been released) by giving written notice to the above agency. A copy of this completed consent form will be included with my records. The person who receives the records to which this consent pertains may not disclose them to anyone else without my separate written consent, unless such recipient is a provider who makes a disclosure as permitted by law.**

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Name of client (print)

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Client's Signature

Date

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Witness signature

Date