



Counseling and Prevention Resource Center

Authorization for Release of Confidential Information

I, _____ (student name/ID/DOB), authorize Indian Hills Community College Counseling and Prevention Resource Center, to disclose to (name/position/title/department) _____, located at (address/phone) _____

the following Protected Health Information, by written or verbal communication:

- Attendance Record
- Treatment Recommendation(s)
- Treatment Status
- Discharge Summary
- Other: _____
- Crisis Intervention Note(s) – all or specific: _____
- Brief Clinical Assessment
- Progress Note(s) – all or specific: _____
- Other Assessment (specify): _____
- Complete Student Client File

For the Purpose of:

- Compliance with attendance
- Referral for New Service(s)
- Coordination of Services
- Other: _____

I UNDERSTAND THAT THE INFORMATION RELEASED AND/OR OBTAINED WILL BE USED AS APPROPRIATE AND NECESSARY FOR MY TREATMENT, AND DOES NOT CONSTITUTE BREACH OF MY RIGHTS TO CONFIDENTIALITY. I ALSO UNDERSTAND THAT I MAY REVOKE THIS CONSENT AT ANY TIME EXCEPT TO THE EXTENT THAT ACTION HAS BEEN TAKEN IN RELIANCE ON IT. I UNDERSTAND THAT I HAVE THE RIGHT TO INSPECT THE INFORMATION TO BE DISCLOSED, UPON PROPER NOTIFICATION TO, AND UNDER APPROPRIATE CONDITIONS ESTABLISHED BY, THE INDIAN HILLS COMMUNITY COLLEGE COUNSELING AND PREVENTION RESOURCE CENTER. This consent expires automatically at:

- End of school year _____
- End of term _____
- Other: _____

<p style="text-align: center;">SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE AND FEDERAL LAW.</p> <p>I authorize the release of the information listed below, which requires specific consent under federal law (check appropriate boxes):</p> <ol style="list-style-type: none"> 1. Mental Health: 2. Substance Abuse: 3. HIV Related Information: <hr/> <p style="text-align: center;">PROHIBITION ON RE – DISCLOSURES:</p> <p>42 CFR Part 2 prohibits unauthorized disclosure of these records.</p>	<p style="text-align: center;">Copy of Release Given to Client?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p><input type="checkbox"/> Client Revoked; Date: _____ IHCC CPRC Initials: _____</p> <hr/> <p style="text-align: center;">DELIVERY METHOD: <input type="checkbox"/> Urgent</p> <p><input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Pick Up <input type="checkbox"/> Phone</p>
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A photocopy, or exact reproduction of this authorization, as duly executed, shall have the same force and effect as the original.

Printed Name of Client/Legal Guardian: _____ Relationship to Client: _____

Signature of Client/Legal Guardian: _____ Date: _____

Printed Name of Witness: _____ Signature of Witness: _____