



AUTHORIZATION FOR DISCLOSURE AND EXCHANGE OF INFORMATION

I, _____ authorize Aurora University Counseling Services clinical staff to:
(please print name of client)

- checkbox release to checkbox obtain from checkbox exchange with the following

Client's initials

- checkbox Aurora University Wellness Center medical providers
checkbox Aurora University Residence Life staff
checkbox Aurora University Academic Support Center/Disability Resource Office staff
checkbox Aurora University Behavioral Intervention Team
checkbox Other _____

The following information:

Client's initials

- checkbox attendance
checkbox assessment
checkbox treatment progress
checkbox treatment summary
checkbox other _____

Client's initials

- checkbox recommendations
checkbox psychological records
checkbox psychiatric evaluation/medical history
checkbox testing results

For the purpose of:

- checkbox Evaluation/assessment and/or coordinating treatment efforts
checkbox Support, collaboration, and advocacy
checkbox Other _____

This consent will automatically expire one (1) year after the date of my signature as it appears below.

I am aware that I have the right to refuse to sign this form and that I may revoke this consent at any time by giving written notice. I understand once information is released it becomes the property of the recipient. The information released may only be used for the purpose(s) written above.

Client signature _____ Date _____

Witness signature _____ Date _____

Notice to Receiving Agency/Institution/Therapist: Under the provisions of the Illinois mental health and developmental disabilities confidentiality act, you may not disclose any of this information unless the person who consented to this disclosure specifically consents to such disclosure.

Substance Abuse Records Redisclosure: Information to be disclosed are records protected by Federal Confidentiality Rules (42 CFR Part 2). Federal rules prohibit further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical and other information is NOT sufficient for this purpose. Federal rules restrict any use of the information in a criminal investigation or prosecution of any alcohol and/or drug abuse patient.