**University of Washington Counseling Center**

**AUTHORIZATION TO RELEASE INFORMATION**

***Release or transfer of the specified information to any person or entity not specified herein is prohibited.***

**I**, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

(Client Name) (Student I.D. Number) (Date of Birth)

**authorize The University of Washington Counseling Center**

401 Schmitz Hall, Box 355830 (206) 543-1240 Telephone

University of Washington (206) 616-6910 Fax

Seattle, Washington 98195-5830

***AND*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of recipient or agency if appropriate

.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of recipient

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State ZIP

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number Fax number

**to release and exchange with each other** (please initial each as desired)**:**

**\_\_\_written documentation**

**\_\_\_oral communication**

**\_\_\_attendance and participation in counseling**

**\_\_\_clinical casenotes**

**\_\_\_ SIP communication. I consent to having documentation of my attendance shared with UW Livewell by phone or e-mail**

**\_\_\_other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purpose:**

**\_\_\_continuity of care**

**\_\_\_coordinaiton of care**

**\_\_\_other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I understand that no disclosure of my records can be made without my written consent unless otherwise provided for in legal statutes and judicial decisions. I also understand that I may revoke this consent at any time except to the extent that action has already been taken upon this release. This release expires in 365 days.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client's Signature Date