**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

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 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