

Lewis & Clark On-Campus Release of Information--Counseling Service, MSC 135

## AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION



I, \_\_\_\_\_, date of birth \_\_\_\_\_, authorize Lewis & Clark Counseling Service Staff to:  
(print name)

\_\_\_\_ obtain the following information from:  
\_\_\_\_ release the following information to:

- |   |   |
|---|---|
| <input type="checkbox"/> Athletics staff                              | <input type="checkbox"/> Campus Living Staff (includes the Director of Campus Living) |
| <input type="checkbox"/> Dean of Students Office                      | <input type="checkbox"/> International Students and Scholars staff                    |
| <input type="checkbox"/> Inclusion and Multicultural Engagement staff | <input type="checkbox"/> Office of Religious and Spiritual Life                       |
| <input type="checkbox"/> Ombuds Office                                | <input type="checkbox"/> Student Rights and Responsibilities Office                   |
| <input type="checkbox"/> Student Support Network                      | <input type="checkbox"/> Student Support Services                                     |
| <input type="checkbox"/> Welfare Intervention Network                 | <input type="checkbox"/> Other faculty/staff: _____                                   |

### Information below to be used/disclosed:

- Confirmation of my attendance at counseling sessions  
 Current treatment plan or related information  
 Mental health assessment and treatment records external to Lewis & Clark  
 Other: Please describe: \_\_\_\_\_

### This information will be used for the following purposes:

- Assessment  
 Treatment planning  
 Other: \_\_\_\_\_

If the information to be disclosed contains any of the types of records or information listed below, additional laws relating to the use and disclosure of the information may apply. I understand and agree that this type of information will be disclosed if I place my initials in the applicable space next to the type of information.

- |  |   |
|--|---|
| <input type="checkbox"/> HIV / AIDS information    | <input type="checkbox"/> Genetic testing information                                |
| <input type="checkbox"/> Mental health information | <input type="checkbox"/> Drug/alcohol diagnosis, treatment, or referral information |

I understand that the information used or disclosed pursuant to this authorization may be subject to redisclosure and no longer be protected under federal law. However, I also understand that federal or state law may restrict redisclosure of HIV / AIDS information, mental health information, genetic testing information, and drug/alcohol diagnosis, treatment or referral information.

### PROVIDER INFORMATION

You do not need to sign this authorization. Refusal to sign the authorization will not adversely affect your ability to receive health care services or reimbursement for services. The only circumstance when refusal to sign means you will not receive health care services is if the health care services are solely for the purpose of providing health information to someone else and the authorization is necessary to make that disclosure.

You may revoke this authorization in writing at any time. If you revoke your authorization, the information described above may no longer be used or disclosed for the purposes described in this written authorization. The only exception is when a covered entity has taken action in reliance on the authorization, or the authorization was obtained as a condition of obtaining insurance coverage.

To revoke this authorization, please send a written statement to Dr. John Hancock, Associate Dean of Students/Director of Wellness Services/Chief Psychologist (MSC 135—Counseling) at Lewis & Clark College and state that you are revoking this authorization.

### SIGNATURE

I have read this authorization and I understand it. Unless revoked, this authorization expires at end of current academic year (May 31).

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of individual)