

Information Sent

_____ date

_____ by

Peace College Counseling Center
1st floor Ross
15 East Peace Street
Raleigh, NC 27604-1194
Phone: 919/508-2505 FAX: 919/508-2501

CONSENT TO RELEASE INFORMATION

NAME: _____ SSN: _____

I, the undersigned, hereby authorize the Peace Counseling Center to release/exchange information concerning the above-named person to:

Name of Person or Institution

Address

Specific type of information to be disclosed/exchanged:

- | | |
|--|--|
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Testing Reports |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Recommendations |
| <input type="checkbox"/> Treatment Progress | <input type="checkbox"/> Psychological Records |
| <input type="checkbox"/> Drug/Alcohol Issues | <input type="checkbox"/> All of the Above |
| <input type="checkbox"/> Treatment Summary | <input type="checkbox"/> Other _____ |

I understand that the information is to be used for:

- | | |
|---|--|
| <input type="checkbox"/> Academic Considerations | <input type="checkbox"/> Family Involvement |
| <input type="checkbox"/> Aftercare Planning | <input type="checkbox"/> Continuity of Treatment |
| <input type="checkbox"/> Contact with Referral Source | <input type="checkbox"/> Other _____ |

As the person signing this consent, I understand that I am giving my permission to the above-named provider for disclosure of confidential health care records. I also understand that I have the right to revoke this consent, but that my revocation is not effective until delivered in writing to the person who is in possession of my records. A copy of this consent and a notation concerning the persons or agencies to which disclosure was made shall be included with my original records. The person who receives the records to which this consent pertains may not redisclose them to anyone else without my separate written consent unless the disclosure is permitted by law.

This release expires in 12 months unless another date is specified: _____

Name (Signature): _____ **Date:** _____

Name (Print): _____ **Witness:** _____