

Authorization for Disclosure / Exchange of Client Psychological Health Information

In keeping with State and Federal guidelines and law, this authorization allows disclosure/ exchange of treatment information between staff of UNR Counseling Services and another specific individual or health service provider specified below. Authorization is required unless disclosure/use is permitted as described in Provider's Notice of Privacy Practices.

Name: _____
Last Name First Name Middle Name

Date of Birth: ____ / ____ / ____

I, _____, hereby authorize disclosure / exchange of the following information

(Please initial all that apply):

_____ Confirmation that I am / have been a client
_____ Name of my psychological care provider
_____ Treatment records
_____ Other: _____

I am authorizing this exchange to be:
_____ Verbal communication only
_____ Copy of printed records and/or verbal communication
_____ Copy of printed psychological health records only

Between Staff of University of Nevada, Reno Counseling Services and:

(Name): _____

Representative of: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

For the Purpose of: Consultation Coordination of Services Other: _____

I understand that I have no obligation whatsoever to authorize this disclosure

UNR Counseling Services will not require me to sign an authorization as a condition of further counseling. I hereby release the above parties from any liability arising from disclosures in accordance with this authorization.

For the specific time period: _____ through _____. Unless specifically noted otherwise, this authorization shall expire 180 days from the date of my signature below. I further understand that I may revoke this authorization in writing at any time.

Signature of Client: _____ **Date:** _____

Client's Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Signature of Parent/Guardian (required for client under age 18): _____

Witnessed By: _____

To Recipients of Disclosed Information: This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2) and state law. These laws prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as permitted by 42 CFR Part 2 or state law.