



Counseling & Psychological Services

Health & Wellness Center, 122 Beck Hall

Kutztown, PA 19530

(610) 683-4072

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

Name _____ KU ID# _____

Address _____

I, the undersigned, hereby authorize Kutztown University Counseling & Psychological Services to:

☐ Release information to:

☐ Receive information from:

Name of Facility/Person: _____

Address/ City, State, Zip: _____

Phone Number: _____

Fax Number (if information is to be faxed): _____

Specific type of information to be disclosed/exchanged:

☐ Attendance

☐ Treatment Progress

☐ Psychological Assessment Results

☐ Summary of Psychotherapy Contacts

☐ Recommendations

☐ Other: _____

This information may be disclosed only for the following purpose(s):

☐ Coordination of Care

☐ Coordination with Referral Source

☐ Other: _____

I understand that the information in various sections/portions of my records may include information related to sexual assault, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It also may include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

I understand that I have no obligation to disclose any information from my confidential records. I further understand that I may revoke this consent at any time (except to the extent that action has been taken in reliance thereon) by written notification.

All information released will be handled confidentially. Federal regulation prohibits any further disclosure of this information without the specific written consent of the person to whom it pertains or that which is otherwise permitted by such regulations.

I understand that my authorization shall remain in effect for a period of one hundred twenty (120) days from the date of my signature.

I permit a copy of this authorization to be used in lieu of the original.

I have had this form read and explained to me, and I understand its contents.

Signature of Client _____

Date _____

Signature of Witness _____

Date _____