**PERMISSION FOR RELEASE OF INFORMATION**

I, , hereby authorize the Student Health Services staff of Stevens Institute of Technology located in 1Castle Point Terrace, Wellness Center, Hoboken, NJ 07030 (phone: 201-216-5678) to:

[ ] disclose information to [ ] receive information from [ ] exchange information with

(1) Name(s) Agency Name Address Phone (\_\_\_) -\_\_\_\_\_\_\_

(street) (city) (state) (zip)

(2) Name(s) Agency Name Address Phone (\_\_\_) -\_\_\_\_\_\_\_

(street) (city) (state) (zip)

(3) Name(s) Agency Name Address Phone (\_\_\_) -\_\_\_\_\_\_\_

(street) (city) (state) (zip)

Regarding ------------------- Client Phone ( (Client Name - please print)

\_\_\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Client Address ------------------------- | --- | ------------- |
| (street) (city) |  | (state) (zip) |

DOB: CWID#: \_

The information to be disclosed is:

[ ] Attendance information *I* Dates of Attendance [ ] Summary of treatment

[ ] All treatment records

[ ] Withdrawal *I* Readmission recommendation

The purpose of this disclosure is for: [ ] Further treatment

[ ] Letter of support

[ ] Withdrawal *I* Readmission process [ ] Other (specify)

[ ] Other (specify) -------------

This consent is effective on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and expires on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand that I may revoke this consent at an y time by giving written notice ta the person or organization making this disclosure.**

Client Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# NOTICE: This information has been disclosed from confidential records. Any further disclosure without the specific written consent of the person to whom it pertains exceeds the limits of this release. (However, there are legal and ethical requirements that Health care providers take responsible action in those situations as prescribed by law l} where there is danger of imminent harm to self or others, 2) in case of emergent hospitalization, and {3} in the case of apparent abuse of a vulnerable party.

vl.1 8\_5\_16