

Student Counseling Services

2223 Student Services Bldg. (3rd Floor)
Iowa State University
Ames, Iowa 50011-2223
Phone: (515) 294-5056
Fax: (515) 294-5205

Consent to Release or Exchange Confidential Information

I _____ Date of Birth _____ ISUID _____

HEREBY AUTHORIZE Student Counseling Services to:

_____ Exchange Information with: OR _____ Obtain Information from:
_____ Release information to:

Agency or Department _____

Name _____

Address _____

Phone _____ Fax _____ Email _____

SPECIFIC INFORMATION TO BE RELEASED: (Check all that apply)

_____ Dates of Treatment _____ Psychological Testing Results
_____ Summary/Recommendations _____ All Counseling/Mental Health Treatment Records
(includes substance use information)
_____ Other _____

FOR THE FOLLOWING PURPOSES:

_____ Coordination of Treatment/Care _____ Administrative &/or Academic Coordination
_____ Other _____

THIS CONSENT WILL AUTOMATICALLY EXPIRE ONE YEAR FROM DATE OF SIGNATURE

Signature _____ Printed Name _____ Date _____

Witness _____ Printed Name _____ Date _____

Special Instructions/Alternative Expiration Date _____

With above permissions, SCS typically exchanges confidential information by phone, fax, email or US Mail. Some risks to confidentiality are inherent in each mode. Please check all modes you authorize.

_____ Phone _____ Fax _____ Email _____ US Mail

Student Counseling Services and other health care providers are required by law to keep your information confidential. If you have authorized the disclosure of your confidential information to someone who is not legally required to keep it confidential, it may no longer be protected by state or federal confidentiality laws.