

**Northern Arizona University
Counseling Services
Flagstaff, AZ 86011-6045
928-523-2261; Fax: 928-523-9060**

**Counseling Services ROI
Authorization to Release, Exchange, or Obtain Information**

Written counseling records will only be released to licensed mental health providers.

I, _____, hereby authorize NAU Counseling Services to (check all that apply):

release exchange obtain

the following information: verification of attendance
 summary of treatment at NAU Counseling Services
 coordination of care
 other (please specify: _____)

This information will be released to exchanged with obtained from the following person or agency (include telephone and fax):

(Telephone) _____ (Fax) _____

I have been informed of my rights as a client which appear on the other side of this form. My consent is given from the signature date of this document through (GREATER than 2 weeks from today but not to exceed 1 year): _____.

I may revoke this authorization at any time by submitting a written statement directing my counselor or the NAU Counseling Services to cancel this authorization.

Before signing, be certain that all blanks have been filled in.

(signature of client) _____ (date) _____

(signature of parent/guardian if student under age of 18) _____ (date) _____

(address) _____

(phone) _____ (student I.D.#) _____

(date of birth) ____/____/____

(counselor's name; please print) _____

(signature of counselor) _____

CLIENT'S RIGHTS REGARDING SHARING OF INFORMATION

Before completing the authorization to have information released, exchanged, or obtained, please read the following:

1. You are eligible for counseling services whether or not you sign this form.
2. Your signature on this form authorizes either your counselor or the NAU Counseling Services to release, exchange or obtain information to/with/from only the person or agency named on the form.
3. You have the right to have your counselor explain what type of information will be released, exchanged, or obtained.
4. You have the right to revoke this authorization at any time by submitting a written statement directing the NAU Counseling Services not to release, exchange, or obtain designated information. This authorization expires as specified on the other side of this form.