



COUNSELING CENTER - RELEASE OF INFORMATION

I, _____, voluntarily authorize **Columbia State Community College Counseling Center** to share the following specific information with:

Name: _____

Relationship to student: _____

Telephone: _____ - _____ - _____ Fax: _____ - _____ - _____ Email: _____@_____

Address: _____

For the purpose of: coordination of care records request other: _____

The information may be shared in the following ways: in person by phone by email by fax by mail

WHAT INFORMATION WILL BE SHARED ABOUT ME:

Information to be released: psychological or therapy records medical records treatment summary or discharge

Other information I wish to release: _____

I understand that:

- Signing a release form is voluntary.
- I can choose to allow a counselor to release some of my personal information to certain individuals or agencies.
- I do not have to allow the College Department of Counseling to share my information.
- Release of information is limited to what I check or write on this form.
- Counselors in the Counseling Center have an obligation to keep my personally identifying information and my records confidential.
- Releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from the Department of Counseling.
- The Counseling Center and I may not be able to control what happens to my information once it has been released to the above person or agency.
- The agency or person receiving my information may be required by law or practice to share it with others.
- Electronic mail (email) is not confidential and can be intercepted and read by other people.
- I may withdraw my consent to this release at any time either orally or in writing.

This release is valid when I sign it for up to one year or (date): _____ - _____ -20__

Signed: _____ Student ID (A number): A00_____ Date: _____ - _____ -20__

Printed Name: _____

Witness: _____ Title: _____ Date: _____ - _____ -20__

Send form to: Email (preferred method) CounselingSuccess@ColumbiaState.edu OR directly to:

Melissa Febbroriello, LCSW

Counselor & Case Manager

MFebbroriello@ColumbiaState.edu

Office: Columbia Campus, Jones Student Center 142

931-540-2572