



The University of Tennessee Health Science Center

AUTHORIZATION TO RELEASE INFORMATION

Mental Health Evaluation and/or Drug and Alcohol Testing

STUDENT INFORMATION

Name: _____

Date of Birth: _____ Student ID: _____

I authorize UTHSC University Health Services Other [specify] _____ to disclose to the University of Tennessee Health Science Center, including UTHSC Counseling Services, as well as the College of _____ (name of College) the following information:

Table with 3 columns: Assessment, Current Treatment Update, Progress in Treatment, Diagnosis, Presence/Participation in Treatment, Demographic Information, Psychosocial Evaluation, Collateral Interview for Evaluation, Psychotherapy Notes*, Treatment Plan or Summary, Discharge Summary, Drug/Alcohol Test Results, Continuing Care Plan. Includes an 'Other (specify):' row.

Revocation

I understand that I have a right to revoke this authorization, in writing, at any time by sending written notification to UTHSC Counseling Services. I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization. I further understand that if I revoke this Authorization that I will be subject to the discipline under SA116, UTHSC Student Drug and Alcohol Policy.

Expiration

Unless sooner revoked the authorization expires six months from this date on _____ or as otherwise indicated: _____.

Form of Disclosure

The disclosure may be made in any manner appropriate and consistent with applicable law, including but not limited to, verbal, in paper format or electronically.

Re-disclosure

I understand that there is the potential that the protected health information that is disclosed pursuant to this authorization may be re-disclosed by the recipient and the protected health information will no longer be protected by the HIPAA privacy regulations, unless a State law applies that is more strict than HIPAA and provides additional privacy protections.

SIGNATURE

Signature of Student _____ Date _____

Check here if student refuses to sign this authorization

Signature of Staff Witness _____ Date _____