MORAVIAN UNIVERSITY | Counseling & Psychological Services

1307 Main Street | Bethlehem, PA 18018

Phone: 610 861-1510 | Fax: 610 625-7935

www.moravian.edu/caps

Authorization for Release of Information

I hereby authorize Moravian College Counseling Center to obtain/release information pertaining to my evaluation and/or treatment for coordination of treatment and continuity of care.

Client's Name:

Local Phone: Date of Birth:

The Counseling Center is permitted to release information to the following person or group of

people: Name:

Organization:

Address:

Phone/email: Fax:

The purpose of releasing information:

Academic accommodations Housing

Continuity of care/treatment Proof of completion of treatment Threat

assessment Family support & coordination Return to campus Other

Type of information that can be released/obtain:

Reason for accommodation Session notes

Attendance Brief summary of progress

Dates of treatment Entire clinical record

Summary of treatment Dates of hospitalization and return to campus Treatment

recommendations Other

The permission for the release and/or receipt of confidential information is valid during the

following Start date: End Date:

Client Signature Date:

Witness Signature: Date:

I understand authorizing the use or disclosure of the information identified above is voluntary. I understand that my treatment at MCCC is not conditional on my signing an authorization. I understand I have the right to revoke this authorization at any time by written request. However, my revocation will only apply to future disclosures and is not retroactive. I understand that information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient of the information

and no longer protected.