

Authorization of Release and Disclosure of Information

Student Name: _____ Cortland ID Number: _____

E – mail: _____ Phone: _____

Disclosure of Information:

- I understand that when working with the Case Manager, privacy is handled differently and does not fall under the same confidentiality regulations as a health care provider or mental health/counseling/psychiatric treatment center. Conversations with the Case Manager are private but not confidential, so information may be discretely disclosed by the Case Manager with other campus personnel on a need to know basis and for appropriate consultation purposes.

Release of Information:

- I understand that meeting with the Student Affairs Case Manager may result in the need to release limited information regarding the receipt of off campus services. The information that I agree to share will not disclose private or protected information that is discussed during medical appointments or counseling sessions. This release is being used to verify follow through to the agreed upon utilization of appropriate resources made between myself and the Student Affairs Case Manager.

I, _____, authorize _____ to share the following specific information: _____
(Service Provider)

The information may be released: in person by phone by fax by mail by e-mail

I agree to release the following information (check only the boxes that apply):

- I have attended my first scheduled appointment
 I have scheduled or am attending follow up appointments
 I am utilizing appropriate resources that have been identified and agreed upon in my “action plan”
 I am appropriately taking medications as prescribed by my doctor or therapist
 I am managing my medications as directed by my doctor or therapist

I understand that this release will expire on the following date _____ and that I may withdraw my consent to this release at any time either orally or in writing.

Signature of Student: _____ Date: _____