



**STUDENT HEALTH & COUNSELING SERVICES**  
 1239 Arden Rd., Mail Code 1-8, Pasadena, CA, 91125  
 Health: 626-395-6393/Counseling: 626-395-8331 Fax: 626-585-1522

**AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION/RECORDS BY  
 STUDENT HEALTH & COUNSELING SERVICES**

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I, the undersigned, hereby authorize and consent to the disclosure of the specific information listed in this document. Certain types of health information require separate authorization for release. Where specific releases below you will need to check the box and enter your initials.

<b>DISCLOSURE BETWEEN</b>	
Caltech Student Health and Counseling Services 1239 Arden Road, MC 1-8 Pasadena, CA 91125	<i>(Name and address of organization and/or person to which disclosure is to be made)</i>
Counseling: 626-395-8331 Health: 626-395-6393 Fax: 626-585-1522	Phone: Fax:

If you wish to impose restrictions on the recipient's use of the health information, you must contact them directly.

**Reason for Release:** I authorize the release of the specific information for the following purpose(s) *(if more space is needed use the back of the form)*:

- Patient request
- Other (please specify): \_\_\_\_\_

\_\_\_\_\_

**Information to be disclosed:** I authorize the release of the following health information: (check the applicable box below)

- All of my health information that the provider has in his or her possession, including information relating to any medical history, mental or physical condition and any treatment received by me, except as limited below.
- Only the following records or types of health information:

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**Mental Health Information:** I understand that this Authorization may include disclosures of information relating to mental health services (except psychotherapy notes) only if I check the box and place my initials on the line below.

- Mental health treatment information \_\_\_\_\_ (initials)
- Specify dates for information to be released: \_\_\_\_\_

**Alcohol/Drug Treatment Information:** I understand that this Authorization may include disclosures of information relating to alcohol and/or drug treatment only if I check the box and place my initials on the line below.

- Alcohol and/or drug treatment information \_\_\_\_\_ (initials)
- Specify dates for information to be released: \_\_\_\_\_

**HIV Lab Test Results:** I understand that this Authorization may include disclosures of information relating to HIV lab test results only if I check the box and place my initials on the line below.

- HIV lab test results \_\_\_\_\_ (initials)

If I am authorizing the release of any of the specific information above, the recipient is prohibited from re-disclosing such information without my authorization unless permitted to do so under federal or state law.

**Term:** I understand that this Authorization will remain in effect:

- From the date of this Authorization until \_\_\_\_\_, 20\_\_\_\_\_.
- Until the Provider fulfills this request.

I understand that:

1. I can revoke this Authorization at any time by giving my written revocation to the Disclosing Provider.
2. My revocation is not effective as to disclosures already made and actions already taken in reliance upon this Authorization.
3. The disclosing provider may not condition treatment on whether I sign this Authorization.
4. I am authorizing disclosure of information protected under federal or state law. This information, once disclosed, may be subject to re-disclosure by the recipient and no longer be protected by state or federal law.
5. A photocopy or facsimile of this authorization shall be valid as the original authorization.
6. This Authorization will remain in effect during the term indicated above or until otherwise revoked by the undersigned client.
7. I understand that I am entitled to receive a copy of this authorization.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Today's Date

**Records Release Office Use Only:**

Authorized by: \_\_\_\_\_ Released on: \_\_\_\_\_