UNIVERSITY OF ARKANSAS
COUNSELING & PSYCHOLOGICAL SERVICES
525 North Garland Avenue
1 University of Arkansas
Fayetteville, Arkansas 72701-1201
(479) 575-5276

CAPS Use Only

Copy given to client?
☐ Yes
☐ No

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I,			
	(Name)	(Student ID #)	(Date of Birth)
	(Address)		(Telephone Number)
Authorize:			
to release the following information from my records:			
Summary of Contacts and Treatment including Diagnosis and Medication			
to			
for the purpose of	Continuity of Care		

The information incorporated in this release has been explained to me.

I understand the following: (a) the exact nature of the information to be released; (b) to whom the information is being released; (c) why the information is being requested and how it will be used; (d) that the receiving party will be instructed not to release the information to other individuals or agencies; and (e) that I am responsible for any repercussions which might occur due to my release of or failure to release the information specified above. I also understand that I may revoke this authorization at any future point in time by filling out the section at the bottom of this page. However, I understand that once the requested information is released, CAPS has no further control or responsibility as to the use or re-release of the released information. This authorization will expire one year from date unless revoked prior to that time.

(Signature of Client)	(Date)		(Signature of Witness) (Date)

STATE OF:_____
COUNTY: _____

Subscribed and sworn to before me a Notary Public on this the _____ day of _____, 20__.

-SEAL-

_____
Signature of Notary Public or other authorized official

I revoke the above permission on this Day: _____ _____ am/pm
Date Time

_____ _____
Client Name (Please print) Client Signature

_____ _____
Witness Name Witness Signature

***Please Note**: This form must be signed and dated by the client and a witness (who verifies the client's informed consent) before the request for release of confidential information can be processed.*