Counseling Center
State University of New York at Fredonia
280 Central Avenue, LoGrasso Hall,
Fredonia, NY 14063
PHONE (716) 673-3424
FAX (716) 673-3140

AUTHORIZATION FOR RELEASE OF INFORMATION

I, ______________________________________, DOB: ____________ , Fredonia ID #: _____________________do hereby request that the Counseling Center engage in the following as it relates to my records.

Please have the following information *(check one)* ☐obtained/☐released /☐exchanged
(*check one)* ☐from☐ to ☐with the SUNY Fredonia Counseling Center to the following person/provider/agency:

________________________________ ________________________________ ________________________________
Person/provider/title Name of agency/affiliation Phone/ Fax Number

____
Mailing address: street, city, and zip code

Purpose of Disclosure:
☐Coordination of care ☐Personal knowledge ☐Legal ☐Employment ☐Insurance ☐Other: __________________

(Check all desired)

COUNSELING RECORDS
☐Dates of service
☐Counseling summary
☐Initial evaluation
☐Assessment Information
☐Progress notes
☐Counseling recommendations
☐Referrals made
☐Other____

PSYCHIATRIC/MEDICAL RECORDS
☐Labs
☐Medications prescribed
☐Diagnosis
☐Dates of service
☐Other_________________________
☐Exclusions (items not to be disclosed):____________________________________

***I understand this authorization is voluntary and not a condition of treatment. This authorization is automatically void after 1 year, and may be terminated by me at any time with a written notice, effective as of the date of signature. Information sent and/or received through this authorization may not be re-released to another individual or agency*. Date of Revocation ___________________**

____ ____________________________
Signature of client Date

For use by Notary Public if returned by fax or mail: State of __________ County of_______________________
Before me, the undersigned notary public, this day, personally, appeared ____________________________
____________________________to be known, who being duly sworn according to law, deposes the following:
____ (Signature of Affiant)

Subscribed and sworn to before me this ______________ day of ______________________, 20___________.
Notary Public ____ My Commission expires: _________________

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