MOUNT HOLYOKE | Counseling Service

RECORD RELEASE AUTHORIZATION TO THIRD PARTY

Full Name _____ DOB _____
(include any former names used while at MHC)

Current Address _____
Street Address City, State/Province, ZIP, Country

Phone _____ Email _____ MHC OneCard ID: _____

Indicate your understanding by placing your initials before each statement:

____ The Mount Holyoke College Counseling Service releases full clinical records only to health and/or mental health providers when clinically indicated. A treatment summary document will be released to anyone other than a clinical provider unless otherwise discussed with the requesting party and approved by a Counseling Service clinician.

____ Clinical records may contain information about alcohol and/or other substance use, HIV/AIDS, sexually transmitted infections, abortion, sexualand/or physical abuse, or other sensitive information. I agree to its release unless specified otherwise (please explain limitations):

_____

____ The Counseling Service is not able to ensure that records shared with parties identified in this release will be held confidential by the recipients.

I hereby authorize and request:

Mount Holyoke College Counseling Service
Pattie J. Groves Health Center
50 College Street
South Hadley, MA 01075
P: 413-538-2037 F: 413-538-3518

To release the following:

- ❑ Treatment summary document (Dates and course of treatment, diagnosis (if applicable), medications prescribed, plan)
- ❑ Psychotropic medication evaluation/records
- ❑ Copy of most recent intake/first visit consultation
- ❑ Copies of **ALL COUNSELING CLINICAL RECORDS** from _____ to _____
- ❑ Other (state specific portions of record requested):

_____

Please forward copies of record(s) to (provide full name and address of person or organization):

_____

_____

_____

_____

SIGNATURE _____ DATE _____
(Patient or Guardian's Signature)

Note: Persons aged eighteen (18) years or older must authorize their own individual record release. If any party other than patient gives such consent, their capacity must be specified (e.g., parent, guardian)