

PART D - Self-Care Plan

Medical/Mental Health Release of Information

I understand that medical information is confidential and protected by federal and state privacy regulations, and I also understand that I may consent to the release of any and all of my health care information. I request and authorize my provider to release any and all medical or mental health care information to Pacific Lutheran University's (PLU's) Wang Center, Health Center, Counseling Center, and/or Office of Accessibility and Accommodation as PLU may request. If I have been diagnosed or treated for HIV (AIDS virus), psychiatric disorders/mental health, or drug and/or alcohol use, my provider is specifically authorized to release all health care information relating to such diagnosis or treatment. This release is in effect from the date this document is signed through the date that travel relating to the program is completed.

→ Student	Signature:	Date:	
might a 1	e health issue(s) that I have discussed with my se within the context of my chosen study away	y program:	-
			-
Given th	e potential challenges, I have worked with my prevention, reasonable identification of warnin	health provider to create a study away of	
success	s/Prevention : Here are important steps to ta Consistent use of the following behaviors will on ay include medications, sleep and eating routing	contribute to my success in this program	
Relatio	ships (Including whom I will stay connected v	with regularly and how):	
Center	ng Practices/Hobbies:		
Reflect	on (How will I build in space for processing, m	nindfulness, or sense of purpose):	
Remin	ers to myself that will be important:		
Additio	nal preventative steps I can take now:		

Triggers/Warning Signs/Signs	of Distress (situations, behaviors, thou	ghts, images, mood or body sensations
that a concerning situation might be		, , , ,
1		
3		
Coping Responses to Distress:		
What might distress look like for me	??	
What will I do on my own to cope w	vith my distress?	
Whom will I reach out to? How?		
What are the most helpful behaviors on the program?	s for me if I am in mild to moderate dist	ress? For program leaders or other staf
Urgent Situation:		
What urgent situations might arise a	and what might distress look like?	
What will I do on my own to cope if	an urgent situation develops?	
Whom will I reach out to? (What is	available):	
What are the most helpful behaviors	s from me/program staff in an urgent sit	:uation?
What are the realistic options for ca	re in my location and in the event of an	urgent situation?
What are the likely programmatic ar	nd family responses?	
Here is what else is important for pr	ogram leaders/host family/fellow travele	ers/my parents or family to know:
understand that some challenges may in	ealth provider potential challenges that may nterfere with my ability to fully participate in ully participate in this program and have disc	this study away program. I have reviewed
Student Name (Print):	Signature:	Date:
Provider Name (Print):	Signature:	Date: