



Counseling, Health and Wellness Services Counseling Center

Anderson University Center, Suite 300, Tacoma, WA 98447
Phone: (253) 535-7206, Fax: (253) 536-5124

AUTHORIZATION TO OBTAIN/DISCLOSE PROTECTED HEALTH INFORMATION

Student's Full Name _____

Student's Date of Birth (MM/DD/YYYY) _____

I authorize the Pacific Lutheran University Counseling Center to:

*(please place initials in appropriate box
for each category)*

Yes

No

Disclose

Obtain

Exchange

Protected Health Care information with:

Name of Health Care Organization and/or Individual

Street Address

Telephone Number

City

State

Zip Code

Fax Number

Reason for disclosure or exchange of information: *(please initial appropriate boxes)*

Facilitate treatment

Summarize treatment

Other:

Information to be obtained/disclosed: *(please place initials in appropriate box for each category)*

Yes

No

Intake or HPI

Progress Notes

Treatment Plan

Psychological Testing

Medications

Labs

Other: _____

If the information to be obtained/disclosed contains any of the information listed below, I understand and agree that this information (below) can be obtained/disclosed if I initial "Yes" in the space next to the type of information: *(please place initials in appropriate box for each category)*

Yes

No

Drug/alcohol diagnosis, treatment or referral information

Mental health information including provider notes

HIV/AIDS information

STI information

This Authorization expires on _____ (date) or upon occurrence of the following event that relates to the information about me: _____, or completion of treatment.

- I understand that the information obtained or disclosed pursuant to this authorization may be subject to redisclosure and no longer be protected under federal law. I also understand that federal or state law may restrict redisclosure of drug/alcohol, mental health information.
- You may revoke this authorization in writing at any time by completing the Counseling Center's Revocation of Authorization Form.
- A copy of this authorization is as valid as the original. Student has a right to a copy of this authorization.
- My electronic, typewritten signature will have the same legal effect as my handwritten signature when used with my Digital-ID.

Student's Signature

Date

You may create or use a Digital ID to sign this and any other PLU Counseling Center document with this feature.