



# Consent for Release of Information

Weber State University  
Student Health and Wellness  
3992 Central Campus Dr, Dept. 3502  
Ogden, UT 84408-3502  
Phone: (801) 626-7524

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**W#:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

I authorize the Student Health and Wellness Office to release information to:

**AND/OR**

I authorize the Student Health and Wellness Office to release information to:

\_\_\_\_\_  
Name of Individual/Provider/Dept.

\_\_\_\_\_  
Name of Individual/Provider/Dept.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone # Fax # (Include area code)

\_\_\_\_\_  
Phone # Fax # (Include area code)

**PURPOSE OF THIS RELEASE:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIFIC INFORMATION AUTHORIZED:** (select one or more as appropriate)

- Treatment Summary                       Assessments                       Laboratory Test Results
- Diagnosis/Diagnostic Impression/Symptoms     Medications Prescribed             Treatment Plans
- Appointment History/Dates of Service             Entire Psychiatric/Medical Record     Discharge Summary
- Other: (please describe) \_\_\_\_\_

I understand that the materials being released / requested are to be kept strictly confidential. Information may only be used for the above-stated purpose and no one other than the above parties has access to this information. I hereby acknowledge that this consent is voluntary and will expire automatically after 1 year from the date on which it is signed. I also understand that I may issue a written revocation of this permission at any time except to the extent that action based on this consent has already been taken. I understand that I may request a copy of this authorization.

Signature of Client or Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to client (if requester is not the client):  Parent     Legal Guardian     Other: \_\_\_\_\_

<b>For Office Use Only</b>		Date Records Received _____
<u>Directions for Office Staff:</u>	<u>Disposition:</u>	<u>Initials:</u>
<input type="checkbox"/> Mail	Date Mailed _____	
<input type="checkbox"/> Fax	Date Faxed _____	
<input type="checkbox"/> Call Client for Pickup	Date Picked Up _____	
<input type="checkbox"/> Scan to File		