


University Health Center
Counseling & Psychiatric Services (CAPS)
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P co g-a
Uwf gpvK%
F QD-
Rj qpq<a

"TGS WGUVTGEQTF U"

" UGP F TGEQTF U"" "NGVVGT"qt"HQTO "Only

"HKNG"QP N "F gr ctvo gpvcnfwug'qpr(+

*****Request now

*****Future use

RECORDS RELEASE AUTHORIZATION

FOR THE RELEASE OF PROTECTED MENTAL HEALTH INFORMATION

D{ 'uki plpi 'y ku'hqto . 'eqphk' gpvcnr ufej qmji kcrncpf 'r ufej kvtle'lphto cvkqp'ecp'dg'tgrucugf 'q'cpf kt'f kweuugf 'y kj 'y g'r gar ng'qt'ci gpeku'
rkuvgf 'dgnuy 'wpiguu'p'qvgf 'd{ 'gzenukqpu'qt 'ho kc'kqp'u0'Vj ku'hqto 'ku'uki pgf 'xqmpvctk' 'cpf' '{ 'qwo c{ 'o cmg'ej cpi gu'cv'cp{ 'ko g0' Cnif' kuerquwgu'
o cf g'r wuucpv'q' y ku'hqto 'etg'xcrkf 'cu'hqpi 'cu'y g{ 'y g'tg' b cf g'dghqtg' y g'f cvg'qh'tgxqecv'kqp0

10 I AUTHORIZE CAPS at THE UNIVERSITY HEALTH CENTER to " " RELEASE "RECEIVE"
r u{ej qmji kcrnr ufej kvtle'o gpvcn'j gcnj 'lphto cvkqp'q' lhtqo 'y g'UGEQP F RCTV['cu'f kt gevvgf 'dgnuy <

2. SECOND PARTY:

P co g-a
Cf f t guu-
Ek{ <-
Hcz P wo dgt <-

3. DESCRIPTION OF MENTAL HEALTH INFORMATION TO BE DISCLOSED:

- Checkboxes for types of information: Creq qn(, Eqpucvkwq, O gf kec'kqp, Xgtk'k'ecv'kqp, etc.

4. PURPOSE OF DISCLOSURE:

- Checkboxes for purpose: 'Eqpuwncv'kqp'Xgtdcn', 'Rgtuqpcr'fwug', 'kpuwncpeg', etc.

5. Note any exclusions or limitations here:

Kwpf gtucvpf 'y cv'vtgco gpv'r c{ o gpv'gptqmo gpv'lp'c'j gcnj 'r ncp. 'qt 'gri kdkks' 'hqt' d'epghku'ku'P QV'f gr gpf gpv'q'p'o { 'uki plpi 'y ku' Cwj qtk cvkqp0'
J qy g'xgt. 'WJ E'o c{ 't ggo 'y g'r tqx'k'k'p'qh'j gcnj 'ectg' hqt' 'y g'r wtr qug'qh't kuenkupi 'q'c' 'y kf 'r ctv' 'r tqv'g'evf 'j gcnj 'lphto cvkqp'ur g'el'k'ecn'f
etg'evgf 'hqt' 'y cv' y kf 'r ctv. 'qt' 'hqt' 'r ctv'k'k' cvkpi 'lp' t'gugetej 't'grv'g'f 'vtgco gpv'vr qp' b { 'ci t'ggo gpv'q' 'wug' 'cpf 'r' kuenug' 'y ku'lp'hto cvkqp0'

D{ 'uki plpi 'dgnuy . 'Kcnpqy nfi i g'y cv'Kj cxg'tgcf 'cpf 'wpf gtucvpf 'y ku'f qewo gpv' y cv'Kj cxg'xqmpvctk'f 'i kxgp' b { 'cwj qtk cvkqp'q' 'Eqwpug'kpi 'cpf'
Ru{ej kvtle'Ug'x'k'egu'q't' kuerqug' b { 't'geqt' u' 'cpf' 'y cv'ko c{ 't'gxqng' 'y ku' Cwj qtk cvkqp. 'gzegr v'kh' y ku' Cwj qtk cvkqp' y cu'g'v'k'p'g'f 'cu'c' 'eqpf' k'k'qp'qh'
qd'v'k'k'pi 'kpuwncpeg' eqxgtci g. 'cv'cp{ 'ko g'd{ 'r tqx'k' kpi 'c' y' tkwgp' 'p'q'v'k'g' 'y g' Wp'k'g'tuk'f 'j gcnj 'E'g'p'v'g' 'y g' cv'g'p'v'k'p'qh' y g' O c'p'ci g't. 'ECRU0'
Vj g't'gxqecv'kqp' 'lj c'm'd'g' 'h'g'e'v'k'g' 'z'zegr v'q' 'y g'z'z'v'p'v' y cv'WJ E' j cu'c'it'g'cf { 'wugf 'qt' 'f' kuenug'f 'lp'hto cvkqp'lp' 't'gr'k'c'p'eg' 'qp' 'y g' C'w'j q't'k' cvkqp0' K
wpf gtucvpf 'y cv'o { 'lp'hto cvkqp' b c{ 'd'g' 't'g'f' kuerqugf' 'd{ 'y g' 'cwj qtk g'f' 'r' g'tu'q'p' l'q't' c'p'k' cvkqp' t'g'eg'k'k'p'i 'y g' 'lp'hto cvkqp. 'cpf' 'cv' y cv'r' q'p'v' 'y g'
lp'hto cvkqp' b c{ 'p'q' 'h'p'i g't' d'g' r' tqv'g'evf 'wpf gt' 'y g' 'v'to u'q'h' y ku' 'ci t'ggo gpv'0' Please refer to the Notice of Health Information Privacy Practices
for more detailed information. This consent form will expire one year following the date signed unless revoked by you in writing or upon
the happening of an event/condition as listed on the following date:

Signature: Date:

P qv' d'gnuy 'k' C'w'j q't'k' cvkqp' ku'f k'xgp' qp' 'y ku'f cv'g'p'v' d'g'j' c'h'f' w'g' 'v'q' d'g'lpi 'c' b { 'o' k'p'qt' 'qt' 'w'p'c'd'ng' 'v'q' 'uki p' 'hqt' 'y g' 'h'q'm' y kpi 't'g'cu'pu' <

Witnessed by: Date: Client Copy Received:

Uki pcwtg-
, Ngi c'nI wctf kcp lRgtuqpcr t'gr' t'g'p'v'k'x'g'

*A fax or photocopy serves the same as the original.