

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Client Name: _____ **Date of Birth** ___ / ___ / _____ **NCSU ID:** _____

I hereby authorize the **Counseling Center at North Carolina State University** to disclose specific health information, including information related to substance use, to:

- Student Behavioral Case Management**
- NCSU Cares** (a cross-campus team comprised of representatives from Student Behavioral Case Management, Counseling, Housing, Academic Support Programs for Student Athletes, College of Humanities and Social Sciences, College of Engineering, University College, Disability Support Services, Poole College of Management, and University Police. Team members discuss cases in order to provide the most practical support for students in need.)
- NCSU Student Behavioral Assessment Team** (a multi-disciplinary team comprised of representatives from Student Behavioral Case Management, Offices of Student Conduct, Housing, Counseling, Campus Police, Environmental Health and Safety, and Legal Affairs. Its purpose is to enhance the safety of students and other members of the University Community by reviewing situations that raise concerns about safety).

for the specific purposes of: case management and coordination of care to include sharing with other University departments as needed. **(Please read the reverse side of this release for important information pertaining to the scope of this release).**

Specific information to be disclosed includes:

- Appointment verification**
- Treatment progress and recommendations**
- Concerns regarding the client’s wellbeing or safety for self or others**
- Other** (specify): _____

In addition, I request and authorize Student Behavioral Case Management at North Carolina State University to release information contained in my educational record at NC State to the Counseling Center at North Carolina State University in order to facilitate continuity of care.

I understand that this authorization will expire on the following date, event or condition: _____

I understand that unless I have specified an expiration date or condition above, **this authorization is valid for the period of time needed to fulfill its purpose for up to one year.**

I understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance upon it. If I revoke authorization, I must do so in writing. Requests to revoke this authorization should be directed to the Counseling Center at North Carolina State University.

I understand that any private health information disclosed under the authorization may no longer be protected by federal privacy regulations; however, if this information is protected under the Federal Substance Abuse Confidentiality Regulations, the recipient may not re-disclose such information without my further written authorization unless otherwise provided for by state or federal law.

I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my eligibility for assistance through NC State University, the Counseling Center, or the Department of Community and Student Standards.

I further understand that I may request a copy of this signed authorization.

(Signature of Client)

(Date)

(Witness)

IMPORTANT INFORMATION ABOUT THIS RELEASE:

What Information Is Shared with this Release? Once signed, this release allows the Counseling Center to provide information pertaining to the checked boxes provided. In most situations, the boxes checked include:

- *Appointment Verification* – The Counseling Center verifies that you have attended scheduled sessions and provides information regarding future scheduled appointments.
- *Treatment Recommendations* – The Counseling Center makes recommendations that can assist in identifying additional and helpful campus resources.
- *Concerns Regarding Your Well-Being* – The Counseling Center is given permission to contact DSCS in the event the counselor has a significant concern regarding your well-being, safety, or the safety of others.

The Counseling Center is generally **not asked** to release information that is specific to the content of your discussions during individual sessions. For example, counselors are never asked to share specific notes taken during the session, raw data from any evaluations you completed, or other personal details that are not relevant to the information covered by this release.

About Student Behavioral Case Management:

Case Managers work with students when someone has expressed a concern about their well-being. The Case Manager works collaboratively with campus partners to provide support for students, often connecting the student to these resources and confirming that the student is receiving every benefit possible to ensure the student's immediate and long-term success.

Does the Case Management Share Information It Receives from the Counseling Center? Yes, it is possible. Because the Case Manager works collaboratively with others, the Case Manager may share certain information in order to provide the best level of service. Where appropriate and with the proper release in place, the Case Manager may share information related to treatment you are receiving through the University's Counseling Center. This ensures that other campus partners know you are appropriately connected and receiving on-going support. And, as a result, it minimizes the tendency for multiple entities at the University to reach out and provide similar support – thus reducing your need to provide the same details to multiple campus partners.

In addition, information obtained from the Counseling Center may be included in a database that is accessible by campus partners who frequently provide specific support for students. Each of these partners is required to maintain the confidentiality, to the extent allowed by law, of the database and is **prohibited** from accessing information for inappropriate purposes. In addition, federal law (under FERPA) guarantees your privacy for data contained in the database and limits the situations under which the University can share the information with individuals outside of the University. The entities that may have access to your information via the database include University Housing, Counseling Center, Department of Student and Community Standards, University Police, Environmental Health and Safety and select administrators from other campus offices participating in the University's NCSU Cares initiative and Behavioral Assessment Team. For additional information on the University entities that comprise these initiatives, please see: <http://studentsofconcern.ncsu.edu>.

A QUICK EXAMPLE

“ Susan experiences chronic depression. She often feels isolated from others and struggles academically. Based on her treatment and with a proper release, her counselor recommends Susan be given resources for connecting to new people and academic support. A Case Manager in DSCS uses this information when interacting with campus resources to ensure Susan gets individualized attention. As a result, Susan is introduced to new student clubs (via CSLEPS), encouraged to participate in on-campus housing programs (via University Housing), and is connected with an academic mentor within her college. ”