University of Louisiana at Monroe

 **CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

I, Click or tap here to enter text. hereby authorize Click or tap here to enter text. to:

The below requested information is to be disclosed for the specific purpose of an *individual Risk Assessment:*

 [ ]  Release [ ]  Obtain

**The following psychiatric, medical and alcohol and drug information**:

[ ]  Discharge Summary [ ]  History and Physical Exam

[ ]  Psychiatric Evaluation [ ]  Drug and Alcohol Information

[ ]  Social History [ ]  Dates and Service Letter

[ ]  Psychological Testing [ ]  Other: Click or tap here to enter text.

[ ]  Progress notes

To / from Karen Foster, ULM Counseling Center

1140 University Ave Monroe, LA 71209

kfoster@ulm.edu or Office # 318-342-5220

**Dates of Service**: Click or tap here to enter text. **Date of Birth:** Click or tap here to enter text.

 To Medical Provider:

**What level of treatment is clinically recommended to meaningfully reduce the risk to this student’s safety**? Click or tap here to enter text.

I understand this consent is subject to written revocation by the undersigned at any time except to the extent that action has already been taken to receive the information. This consent shall automatically expire one year from the date signed, unless otherwise specified below.

**Expiration Date**:Click or tap here to enter text.

**Date Signed**: Click or tap here to enter text. **Client Signature**: Click or tap here to enter text.