

**Boston College**  
**University Counseling Services**  
**Authorization to Release/Exchange Information**

I, \_\_\_\_\_ authorize Boston College University Counseling Services located in  
(Please print your full name)  
Gasson 001, 140 Commonwealth Avenue, Chestnut Hill, MA 02467 (phone: 617.552.3310) to:

☐ disclose information to      ☐ receive information from      ☐ exchange information with

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Client Phone: \_\_\_\_\_

Client Address: \_\_\_\_\_

**The information to be disclosed/exchanged is for:**

- |   |   |
|---|---|
| <input type="checkbox"/> Dates of counseling contacts<br><input type="checkbox"/> Psychiatric Evaluation/Medication History<br><input type="checkbox"/> Leave of Absence/Readmission Recommendation<br><input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> Summary of counseling treatment<br><input type="checkbox"/> All counseling records |
|---|---|

**The purpose of this disclosure is for:**

- ☐ Treatment Planning  
☐ Leave of Absence/Readmission process  
☐ Other (specify) \_\_\_\_\_

This consent is effective \_\_\_\_\_ and expires on \_\_\_\_\_  
(month/day/year) (month/day/year)

I have the right to revoke this authorization, in writing, at any time by sending such written notification to BC University Counseling Services. My revocation will be effective when received by University Counseling Service and will not affect any action already taken in reliance upon this authorization.

I understand that my treatment provider at Boston College may not require me to sign this authorization as a condition for providing psychological services unless the psychological services are provided to me for the purpose of creating health information for a third party.

I understand that information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient of your information and may no longer be protected by law.

Name of Client: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

BC ID#: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_