



Authorization to Release / Exchange Confidential Information

In order for Northwestern University in Qatar (NU-Q) Counseling and Wellness Office to release or exchange confidential information, this authorization must be completed according to these instructions. All information must be clearly legible. Print the complete name, title, and address of the person, office, or organization to whom the information is to be released/exchanged. This is necessary to ensure that the information is released exactly to whom you intend. For your protection, if this information is incomplete or is illegible, NU-Q Counseling and Wellness Office will not release/exchange any information.

I, \_\_\_\_\_ authorize NUQ Health and Wellness Office to release information to \_\_\_\_\_ or exchange information with \_\_\_\_\_ (initial the appropriate option(s))

\_\_\_\_\_ mailing address

\_\_\_\_\_ telephone number \_\_\_\_\_ email address

I authorize the following information to be released/exchanged about services I received from the above listed person (initial all that apply):

- \_\_\_\_\_ Date(s) and type of service(s) received
\_\_\_\_\_ Results of assessments, and recommendations
\_\_\_\_\_ Progress Report
\_\_\_\_\_ Other:

(Specify) \_\_\_\_\_

The purpose(s) of releasing this information is (are): \_\_\_\_\_

I understand that no disclosure of my records can be made without my written consent, unless otherwise provided by law, and that I may revoke this authorization in writing at any time, except to the extent that information has already been released. I want this authorization to expire (initial one only):

- \_\_\_\_\_ Sixty (60) days from the date below authorizing this release
\_\_\_\_\_ Six (6) months from the date below or six (6) months after termination of services, whichever occurs last.
\_\_\_\_\_ On the day the record is destroyed (5 years after last contact with Counseling and Wellness Office)

Request for release or exchange by email: Please understand that an email release does not assure confidentiality unless you know specifically that the individual to whom this information is being transmitted is the individual who will retrieve the transmission. If you expressly request that this information be sent by email, signify authorization by initialing here \_\_\_\_\_ for email transmission.

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Signature /Date

\_\_\_\_\_ Witness Signature

\_\_\_\_\_ Date