

AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION BY COUNSELING AND PSYCHOLOGICAL SERVICES AT STANFORD UNIVERSITY

I, the undersigned, hereby authorize and consent to the disclosure of the specific information listed in this document.

DISCLOSURE BETWEEN	
Counseling and Psychological Services Vaden Student Health Center Stanford University 866 Campus Drive Stanford, California 94305-8580 Phone: 650.723.3785 Fax: 650.725.2887	<input type="checkbox"/> Parent/Childhood Observer (name and contact information) <hr/> <input type="checkbox"/> Adult Observer (name and contact information) <hr/> <input type="checkbox"/> Former prescriber and/or evaluator (name and contact information) <hr/> <input type="checkbox"/> Office of Accessible Education (OAE) <input type="checkbox"/> Schwab Learning Center at CHC (SLC@CHC)

For the following purpose or need: Obtaining relevant medical and psychological information for psychiatric assessment and evaluation for ADHD

The disclosure of the following specific information is authorized: Medical and psychiatric history including personal, developmental and clinical history, testing results and treatment history

If more space is needed, use back of this form and sign it

This authorization is subject to revocation at any time, by written notification only, except to the extent that CAPS already disclosed the information, and in any case expires: _____
 (Insert date, event or condition upon which it will expire)

I understand that: (a) the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected, (b) I may refuse to sign this authorization, and that Counseling and Psychological Services may not condition my treatment upon whether I sign it, and (c) I am entitled to a copy of this authorization.

(Signature) _____ (Date) _____

(Print Name and Date of Birth) _____

(If a personal representative of the patient signs the authorization, a description of such representative's authority to act for the patient must be provided.)