STEPHEN F. AUSTIN STATE UNIVERSITY

THE UNIVERSITY OF TEXAS SYSTEM ★ NACOGDOCHES, TEXAS

Department of Human Services and Educational Leadership

School Psychology Assessment Center

P.O. Box 13019, SFA Station • Nacogdoches, Texas 75962

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For electronic use only

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____, _____-_____-_____, _____-_____-_____
(NAME OF CLIENT) (DATE OF BIRTH) (SSN)

authorize: Stephen F. Austin State University School Psychology Center
Department of Human Services and Educational Leadership
Nacogdoches, Texas

to release to: _____
(ADDRESS OF PERSON OR AGENCY RELEASING INFORMATION)

To the attention of: _____
(CLINICIAN'S NAME)

the following information: **for the following purpose(s):**

I understand that this release may include records relating to treatment for drug or alcohol abuse or mental health services and treatment.

I understand that the confidentiality of my records is protected by law and that they cannot be released without my written consent unless otherwise provided by law. I also understand that I may revoke this consent at any time unless action has already been taken based upon it and that in any event this consent expires automatically as described below. I hereby indemnity and hold harmless the Stephen F. Austin State University, the School Psychology Center, and its employees from any and all claims and actions related to the good faith release of confidential information hereunder.

This consent expires (specify date, event, or condition): _____

Signature of Client: _____ Date: _____

Signature of Witness: _____ Date: _____

Signature of parent, guardian, or authorized rep: _____ Date: _____

By Texas law we are required to notify you: The information authorized for release may include records which may indicate the presence of a communicable or venereal disease which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea, and the Human Immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS).

_____ With my initials, I DO NOT wish to disclose any information regarding "reportable communicable disease" without further notification and authorization.

Rev. April 15, 2024