AUTHORIZATION FOR RELEASE/EXCHANGE OF CONFIDENTIAL INFORMATION

Clinical and Sport Psychology Services

UNIVERSITY OF MARYLAND, DEPARTMENT OF INTERCOLLEGIATE ATHLETICS
1601 XFINITY Center | 301-405-5155

CLIENT NAME: _____ **DATE:** _____

DATE OF BIRTH: _____ **STUDENT ID#** _____

I give my authorization and permission for the Clinical and Sport Psychology Services Staff to

_____ release _____ obtain _____ two-way exchange

information related to my mental health/sport performance treatment with the following office/persons as indicated in this request. I understand that the information provided will be used only in the manner intended and will include only the specific information requested.

_____	Coaching Staff	_____	University Health Center
_____	Athletic Training	_____	Counseling Center
_____	Sports Nutrition Staff	_____	Team Physician
_____	Parent	_____	Other:

Information Requested to be Provided:

_____	Session Attendance	_____	Treatment Summary
_____	Progress Report	_____	Treatment Recommendations
_____	Other:		

Purpose of Request:

_____	Coordination of Care	_____	Treatment Planning
_____	Verify Session Attendance	_____	Facilitating Referral
_____	Notification of Treatment Progress	_____	Administrative/Academic
_____	Other:		

I acknowledge that I have read and received a copy of this form, had an opportunity to ask questions, and fully understand the nature of this authorization. I specifically authorize disclosure of this confidential information to the person(s) listed above. I understand that this authorization is voluntary and I may cancel it at any time with written notice to my provider except to the extent that Sport Psychology Services has already taken actions in reliance on it. I understand that Sport Psychology Services cannot refuse to treat me if I do not agree to this release and that any information re-disclosed by the persons receiving it may no longer be protected by the privacy laws. This authorization will be included in my records and will automatically expire one year from the date of signature or on _____.

PRINTED NAME: _____ **DATE:** _____

SIGNATURE: _____