

Auburn University Montgomery

Student Health Services

P. O. Box 244023

7461 East Drive

Montgomery, AL 36124

Office (334) 244-3281, Fax (334) 244-3396

**AUTHORIZATION TO RELEASE AND/OR REQUEST CONFIDENTIAL
CLIENT INFORMATION**

I, (Name) Angela Russell, (Student ID Number) S00089634

Hereby authorize University of Alabama Psychology Clinic to do the following:

- ☒ Release confidential information to AUM Student Health Services, Carol Stewart, CRNP
☐ Release confidential information from _____

Please provide the following information for the Auburn University at Montgomery department releasing/receiving confidential information.

Name: Carol Stewart CRNP
Phone Number: 334-244-3281
Fax Number: 334-244-3396
Address: PO Box 244023
Montgomery AL 36124

Please release the following information:

- ☒ General summary of treatment issues, progress, current functioning
☒ Nature of crisis situation
☒ Attendance in treatment
☒ Discharge summary and diagnosis/diagnostic impressions
☒ Other (please specify) the entire chart, please

This consent may be needed at any time by the client, but ending the consent will not cancel any actions that have already taken as allowed by this form. Unless the client wishes to cancel this consent at an earlier time, it will automatically stop upon the date and/or condition indicated below.

Date: When treatment is terminated Event/Consent: termination

It is understood that the duration of this consent will not be longer than necessary and reasonable to carry out the purpose for which it is given.

07/13/89 5573 Angela Russell
(Date of Birth) (Last 4 of SS#) (Print First & Last Name)

05/30/18 Angela Russell
(Date Signed) (Signature of Client)

05/30/18 Hillary Porter
(Date Signed) (Signature of Witness)