

REFERRAL TO OUTREACH EDUCATION & COUNSELING CENTER

NOTICE: According to law and professional ethics, any information about a client (including whether the person has ever been in treatment) is considered confidential. Information can only be released after obtaining the written permission from the client/student and at the discretion of the professional counseling staff. However, *receiving* information about a person does not require informed consent.

Please make a copy for your records and send the original in a sealed envelope or by e-mail to:
Rob Koch, Director of Outreach Education & Counseling, Lower Level Granite Hall
kochr@franklinpierce.edu

_____ is being referred Date: _____
Student Name

This student is referred by _____
Your Name Voice mail Email

Reason for referral: _____

Check those which are applicable:

- This concern may be shared with the student, even if s/he has not signed below.
- I do not want my concern shared with the student, but would like to discuss this issue.
- This is a referral only; I do not need to know if the student met with a counselor.

RELEASE OF INFORMATION: In order to facilitate a limited exchange of information, the signature of the person being referred must appear below. Students **have the right to not grant permission for any release of information.** Release of information is restricted to the student's attendance at appointments and a general statement of progress.

I acknowledge receipt of this referral and authorize limited release of information from and to the persons/services cited above. I understand that the information provided will be limited to: attendance at appointments and a general progress report only on the concerns cited above. This release will remain in effect until _____.

Date

Signature of person referred (student)

Today's Date

REPORT

Date(s) seen _____ (signature of Director)