THE PETERSON COUNSELING CENTER

2700 N. Tamiami Trail, Sarasota, Florida 34224 Telephone: (941)893-2855 Fax (941) 359-4854



2. Name:			Bi	MI Birth Date: Month / Day / Year	
	Last	First	MI	Month / Day / Year	
3. THIS INFO	DRMATION IS TO BE	E DISCLOSED/RELEAS	ED TO THE FOL	LOWING:	
3a	Sarasota Memor	Sarasota Memorial Health System			
		Office of the V.P. for Student Life & Dean of Students & Assoc. Dean of Students or Designee			
		 Residential Life Director, Assistant Directors, and/or Staff Coordinators Registrar and Academic Advising Team 			
			halpful to disayes	disability related information	
3e	Academic Resou Office of Interna	irce Cellier and others as I	neipiui to discuss o	disability-related information	
		Hospital (Fax: 941-782-46	502)		
	Ringling College	•	J02)		
	Name: Relationship:				
31					
	Phone Numbers:				
The inform		iclude attendance as well			
	•		-		
		All Mental Health records including discharge summary, diagnosis, & recommendations			
	-	Medication prescription and monitoring records			
	Records for alcohol and other drug treatment				
4d	Entire Medical R	Record or 4f	Other:		
nail or other electrapplicable laws for understands that The PCC, or its staff lia strict laws/guideline and any enclosed on tended recipient(s	conic means. Providers receiving both mental health and substance to PCC makes no claims or guarable for any consequences that resess regarding the release of informal attached documents may contain. If you are not the intended received.	or providing information, not The I- related treatment records as well as in antees about the handling of informat- sult from such disclosure or non-disclo- nation than the counseling center staff in information that is confidential, pro-	Person Counseling Center (aformation regarding conficion by the parties above or obsure. Individuals receiving. If you are a third party resprietary, privileged or other ibution of the content, or a	may be shared in person, by phone, fax, mail, or by e (PCC), are responsible to ensure compliance with all entiality and nondisclosure to third parties. The signence released and agrees not to hold Ringling College to the information may be governed by different or less ceiving this form, the identity of the named individuar rwise protected by law. It is to be viewed only by the ny action or omission taken by you in reliance on it, it destroy your copy at once.	
release Ringling release information order to extent that the pexpire in one yonger. I have be a signing this	g College, my therapist and tion, provided the release is processed receive services at this for providers have already acted ear or 90 days after last peen provided an opportunit release form, I acknowle	I their supervisor(s) from any list done substantially in accord acility. I understand that I may a in reliance on it. Absent such oint of contact or 90 days after the standard of the supervisor of the supervis	iability arising from tance with the law. It are revoke these permised prior withdrawal or my last date of entering the cither declined or research.	the release, miscommunication, or failure to inderstand that I need not sign this consensations at any time in writing, except to the another date noted above this consent will rollment at Ringling College, whichever is exceived sufficient answers to my questions. granted all aforementioned permissions	
Signature	e of Student or Legally Aut			Date	
	f other than self signing, n				
75.	al) Signature of Witness			 Date	
(Ontion					