THE PETERSON COUNSELING CENTER

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



Date

2. Name:			Bir	th Date:	
	Last	First	MI	Month / Day / Year	
3. THIS INFO	RMATION IS TO BE	E DISCLOSED/RELEAS	ED TO THE FOLL	LOWING:	
3a	Sarasota Memor	Sarasota Memorial Health System			
3b	V.P. for Student	V.P. for Student Life & Dean of Students Tammy Walsh, Assoc. Dean Jen Awe, and designees			
3c		Residential Life Director, Assistant Directors, and/or Staff Coordinators			
3d	Registrar and Ac	- 0			
			elpful to discuss dis	ability-related information	
3f	Ringling College	e Public Safety			
3g				tionship:	
	Phone Numbers:				
4. The informa	ation disclosed may in	nclude attendance as wel	l as (please initial v	wherever applicable):	
4a	All Mental Healt	All Mental Health records including discharge summary, diagnosis, & recommendations			
4b	Medication preso	Medication prescription and monitoring records			
4c	Records for alco	Records for alcohol and other drug treatment			
4d	Entire Medical R	Record			
4d	Other:				
cases by e-mail or of with all applicable later The signer understant College, PCC, or its or less strict laws/guindividual and any edonly by the intended reliance on it, is professional to the control of the provider to receive the providers had one year or 90 dibeen provided and applicable.	ther electronic means. Providers aws for both mental health and a hads that The PCC makes no clair staff liable for any consequences idelines regarding the release of inclosed or attached documents if recipient(s). If you are not the hibited and may be unlawful. If you hat paper or electronic coprapist and their supervised vided the release is done as services at this facility. It we already acted in reliance ays after last point of contant opportunity to ask any quantum and the services at the point of contant opportunity to ask any quantum and the services and the services at the facility.	s receiving or providing information, substance-related treatment records a ms or guarantees about the handling is that result from such disclosure or not finformation than the counseling commay contain information that is continued recipient, any disclosure, countries of this authorization shall per(s) from any liability arising substantially in accordance wounderstand that I may revoke the countries of the such prior was tact or 90 days after my last duestions and have either declining as the substantially in accordance wounderstand that I may revoke the countries of the substantially in accordance wounderstand that I may revoke the countries of the substantial that I may revoke the countries of the substantial that I may revoke the countries of the substantial that I may revoke the countries of the substantial that I may revoke the countries of the substantial that I may revoke the countries of the substantial that I may revoke the countries of the substantial that I may revoke the countries of the substantial that I may revoke the countries of the substantial that I may revoke the countries of the substantial that I may revoke the countries of the substantial that I may revoke the countries of the substantial that I may revoke the countries of the substantial that I may revoke the countries of the substantial that I may revoke the substanti	not The Person Counseling is well as information regardiof information by the parties on-disclosure. Individuals require staff. If you are a third idential, proprietary, privileg opying, or distribution of the idease notify Peterson Counse be considered sufficiential from the release, ith the law. I understant these permissions at an ithdrawal or another datate of enrollment at Ringled or received sufficient	we be shared in person, by phone, fax, mail, or in som Center (PCC), are responsible to ensure compliancing confidentiality and nondisclosure to third parties above once released and agrees not to hold Ringlin ceiving the information may be governed by differer party receiving this form, the identity of the name red or otherwise protected by law. It is to be viewed content, or any action or omission taken by you i ling Center and destroy your copy at once. At authorization for the release of records, miscommunication, or failure to release d that I need not sign this consent form in the protect of the extent that the noted above this consent will expire in agling College, whichever is longer. I haven at answers to my questions.	
7	of Student or Legally Aus	horized Representative		 Date	

(Optional) Signature of Witness