REFERRAL TO CWU COUNSELING CLINIC

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 of the client and at the discretion of the professional. However, **receiving** information about a client does not require informed consent.

Please make a copy for your records and send the original in a sealed envelope to:
Rhonda McKinney, Director of Counseling Services, Mailstop #7585

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_____ is being referred for counseling services.

This student is referred by _____
Your Name

on _____ (date) due to (referral reason): _____
_____
_____
_____
_____
_____
_____
_____
_____

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RELEASE OF INFORMATION: In order to facilitate a **limited** exchange of information, the signature of the person being referred must appear below. Clients also have the right to deny permission for any release of information. Release of information is limited to the student's **attendance** at appointments and a **general statement of progress**. Detailed information about counseling sessions **will not** be released.

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 is valid for a period of **90 days** from the date signed and can be revoked at any time providing the information has not yet been released.

_____ _____
Signature of Student Date

_____ _____
Signature of Witness Date