Andrews University

Counseling and Testing Center

CONFIDENTIAL PROFESSIONAL REFERRAL

Name of Student _____ **AU ID#** _____**Phone #** _____

Referred by: USIT ❒ Division of Student Life ❒ Dean ❒ Faculty ❒ Staff ❒

Referring Professional: _____**Phone#** _____
First Name Last Name

Title: _____**Department:** _____ **Date:** ___/____/_____

Briefly state reason for referral: (Please include any known medical or other conditions relevant to this referral) : _____

_____

_____

(Please attach to this document any additional information)

This referral is for *(Check all that Apply):*

University Counseling & Testing Center:

- ❒ Psychotherapy/Counseling
- ❒ Substance Use Psychoeducational Sessions (6)
- ❒ Psychological Assessment
- ❒ Substance Abuse Assessment
- ❒ Career Assessment
- ❒ Intellectual/Achievement Assessment
- ❒ Other (Please Specify):_____

University Medical Services:

- ❒ Drug Testing
- ❒ Physical Exam
- ❒ Other (Please Specify): _____

To maintain confidentiality please use a sealed envelope marked "CONFIDENTIAL."

CONSENT FORM
OF
RELEASE OF CONFIDENTIAL INFORMATION

I, _____ (Student Name), **authorize Andrews University:**

- ❒ Counseling & Testing Center
- ❒ Medical Specialties
- ❒ Faculty/Staff
- ❒ Other:_____

To disclose to referring Faculty/Staff/Department/USIT, the following information, by written or verbal communication:

- ❒ Attendance to mandated treatment/appointments
- ❒ Recommendations for treatment
- ❒ Test results
- ❒ Other:_____

For the Purpose of: [ ] Compliance with attendance [ ] other: _____

I understand that my records are protected under the code of Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (e.g. probation, parole, etc.) and that in any event this consent expires automatically as described below. **Date, event, or condition upon which this consent expires:**

End of school year ❒ **End of semester** ❒

Other: _____

Student: _____ **Date:** _____
Signature

Witness: _____ **Date:** _____
Print

Witness Signature: _____