

Boston College | Murray Center for Student Wellness | University Counseling Services
Authorization to Release/Exchange Information
Pertaining to Return from Medical Leave of Absence

In order to evaluate a student's readiness to return from a Medical Leave of Absence we must be able to communicate with that student's treatment provider. To better facilitate a successful re-engagement at Boston College, we must be able to communicate recommendations to relevant but limited offices on campus. This authorization identifies those individuals, and provides your consent to communicate in facilitation of this process.

I, _____, authorize Boston College University Counseling Services located in Gasson 001, 140 Commonwealth Avenue, Chestnut Hill, MA 02467 (phone: 617-552-3310) to exchange information with (Please check all three boxes as appropriate):

☐ Boston College Office of The Dean of Students

☐ Boston College Academic Dean: _____

☐ Treatment Provider while on Leave of Absence Name: _____

Phone: _____

Student Phone: _____

Student Address: _____

The purpose of this disclosure is for:

☐ Treatment Planning

☐ Leave of Absence/Readmission process

☐ Other (specify) _____

This consent is effective on _____ and expires on _____

I have the right to revoke this authorization, in writing, at any time by sending such written notification to BC University Counseling Services. My revocation will be effective when received by University Counseling Service and will not affect any action already taken in reliance upon this authorization.

I understand that my treatment provider at Boston College may not require me to sign this authorization as a condition for providing psychological services unless the psychological services are provided to me for the purpose of creating health information for a third party.

I understand that information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient of your information and may no longer be protected by law.

Name: _____ Date of Birth: _____ BC ID #: _____

Signature: _____ Date: _____