



OUAZ Counseling Center

Referring source: _____
Name Office

Referral source email address: _____ Phone: _____

Name of student being referred: _____ ID #: _____

Reason for Referral:

Authorization to Exchange Confidential Information: Counselors' ethical guidelines require a signed release of information before they can discuss any information about a client. Please have the student read and sign below if they agree to allow communication regarding this referral. A copy of this signed form should be kept in the referring source's file and a copy should be provided to the Counseling Center. This document, when signed by the student, will allow limited communication between the counselor and the referring source. Only information confirming that the student followed the referral will be provided. Content of counseling sessions will not be shared with the referring person unless a separate release of information has been signed by the student. NOTE: A student does not need a referral form in order to receive treatment at the Counseling Center. This form is only a facilitation device for making efficient referrals.

A referral to the counseling center is an opportunity to grow, to change attitudes, habits, and/or behaviors. Counseling may also provide support needed to overcome negative situations or feelings that might be disruptive to daily functioning.

If an appointment has not been established through the referral process, the counselor will initiate contact with the student and offer to schedule an appointment.

I _____ have read the paragraph above and I give the referring source and the staff of the OUAZ Counseling Center permission to communicate regarding my follow through on this referral.

Signature of Student Date

Signature of Referral Source Date