Care Coordination
Missouri University of Science & Technology (S&T)
202 Norwood Hall, 320 W. 12th St., Rolla, MO 65409-0520
Telephone: (573) 341-4211 carecoordination.mst.edu

AUTHORIZATION TO DISCLOSE CONFIDENTIAL INFORMATION

Client Name: _____

I hereby authorize Care Coordinator: Krista Morris-Lehman to disclose and exchange specific information from the records of the above named client to:

Counselor	☐	S&T Office of Academic Support	☐
Family Member(s)	☐	S&T Registrar's Office	☐
PCRMC	☐	S&T Residence Life	☐
Physician	☐	S&T Student Affairs/Dean of Students	☐
S&T Academic Advisor	☐	S&T Student Health Services	☐
S&T Office of Graduate Studies	☐	S&T Student Disability Services	☐

Other Party ☐ Name(s):_____

For the specific purposes of coordination of care to include sharing with other parties as needed. Specific information to be disclosed may include appointment verification, treatment progress and recommendations and/or concerns regarding the client's wellbeing or safety for self or others.

I understand I may revoke this form at any time in writing. I may request a copy of this form. My signature indicates I have read and understand this information. Unless revoked earlier, this authorization expires upon:
_____ *(Specify date, event, or condition upon which it will expire)*

Signature of client _____ Date _____

Signature of witness _____ Date _____