

CATE SCHOOL

Release of Information for Cate School Counseling Department

Date: _____

I, (guardian) _____, hereby authorize the Cate School Counseling department, to exchange information with (external entity) _____, on behalf of (student's name) _____.

I grant permission for the exchange of information regarding:

Psychotherapy treatment

Medications

I understand that this release allows for the exchange of information with entities **outside** of Cate School. I also understand that, although Cate's Counseling department has an obligation to keep the contents and the specifics of client sessions confidential, there are some instances in which counselors may acknowledge the nature of a relationship with advisors, dorm parents and the Student Services Committee in order to ensure collaborative care for students. This information is outlined in detail in our informed consent policies.

Additionally, I understand that I have a right to receive a copy of this authorization and that any modification or cancellation of this authorization must be submitted to Cate School in writing.

This release is valid until:

Signature of Client (student):

Date:

Signature of Guardian:

Date:
