

WASHINGTON COLLEGE

AUTHORIZATION FOR THE RELEASE OF HEALTH CARE COUNSELING

[Redacted area containing multiple horizontal lines for text entry]

*Student ID Number:*

This Authorization form is designed to meet the requirements of federal privacy regulations issued by the Department of Health and Human Services.

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W A S H I N T O N C O L L E G E

This authorization will expire one year from the date it is signed unless a shorter time is indicated here:

I understand:

- This authorization is voluntary.
- My treatment, payment for it and/or eligibility for enrollment or benefits cannot be conditioned on my signing this authorization form.
- I may receive a copy of this form.
- I may inspect my protected health information without signing this form.
- This authorization to disclose information may be revoked by me at any time, except to the extent that I have

*[This area contains multiple horizontal lines, some of which are thick black bars, likely representing redacted content or a signature line.]*