

Confidential Advising Consent to Disclose Form

Confidential Advising Services has an obligation to keep your personal information confidential to the extent of the law. However, you can choose to allow Confidential Advising Services to disclose some of your personal information to certain individuals or agencies.

I, _____ authorize Confidential Advising Services at SIU Carbondale Student Health Services, to disclose the following information to the person or agency listed below:

Who I want to have my information:	Name: _____
	Agency or Office: _____
	Phone Number: _____
	Purpose: <input type="checkbox"/> academic accommodations/support* <input type="checkbox"/> to coordinate healthcare <input type="checkbox"/> registration adjustment <input type="checkbox"/> criminal investigation <input type="checkbox"/> university investigation <input type="checkbox"/> housing needs <input type="checkbox"/> Financial Aid <input type="checkbox"/> other _____

What information I would like disclosed (please initial):

- ____ ANY OR ALL aspects of my case including details of victimization
- ____ No details of victimization, but may generally state that I have experienced gender based violence
- ____ Other: (Please specify) _____

This information may be shared (please initial):

- ____ in person ____ by phone ____ by fax
- ____ by email (*I understand email is not confidential and can be intercepted and read by others*)

***For academic accommodations, please fill out the additional information below:**

Course # & Course Title	Faculty Member	Requested Accommodation

I understand (please initial):

That I do not have to sign this form. I do not have to allow Confidential Advising Services to share my information, and that signing this form is voluntary. I also understand that some remedies such as specific services from Student Health Services, Counseling and Psychological Services, and safety escorts may be provided to me without signing this consent to disclose form.

That this consent is limited to what I have provided above, and that if I would like to disclose additional or new information in the future, I will need to sign another time-limited consent to disclose form.

That Confidential Advising Services may not be able to control what happens to my information once it has been disclosed to another person or agency.

The person receiving information may be required by law or practice to share it with others.

I have the right to inspect the information to be disclosed and obtain a copy of this consent to disclose form.

This consent may be revoked by me at any time by written notification to the individual or agency identified above. However, revocation cannot be retroactive.

This consent is valid from date signed to _____ unless revoked earlier. Authorization is valid for 90 days unless indicated above.

Signature: _____ Date: _____ Dawg tag:SIU

Signature of witness: _____ Title: _____ Date: _____

We cannot accept a digital signature at this time. Please print out form and add your signature with a pen.

CONTACT INFO

Student Health Services
374 East Grand Avenue – MC 6740
Carbondale, IL 62901

phone: 618/453-4429
fax: 618/453-4519
email: wellness@siu.edu