

# AUTHORIZATION TO RELEASE RECORDS AND INFORMATION FOR MEDICAL/MENTAL HEALTH WITHDRAWAL REQUEST

		, hereby authoriz
	(Student's Name) <u>Dr. Melissa Hernandez</u>	
Office and	(name of other agency/person):	
	(Physician, Therapist, Provider)	
Address _		
City	State	Zip
Phone Nur	nber () Fax	()
	ether along with other UTSA Services (Academic Support raduate Studies), Business Office, Registrar's Office, Stud ervices	
To release to	each other the following:	
X	Treatment and Progress Summary	
$\frac{X}{X}$	Treatment and Progress Summary Medical/Psychological Assessments and/or Reports Communicate by phone, letter, or email with above par documentation was received and reviewed by clinician	
	Medical/Psychological Assessments and/or Reports Communicate by phone, letter, or email with above par	/staff.
X X — The purpose	Medical/Psychological Assessments and/or Reports Communicate by phone, letter, or email with above par documentation was received and reviewed by clinician.	/staff.
X X The purpose health without This authorit days) from o	Medical/Psychological Assessments and/or Reports Communicate by phone, letter, or email with above par documentation was received and reviewed by clinician. Other:	/staff. xplore the possibility of a mental ut no more than three months (90 lless the student prior to this date,
$\frac{X}{X}$ — The purpose health without This authoritidays) from a withdraws p	Medical/Psychological Assessments and/or Reports Communicate by phone, letter, or email with above par documentation was received and reviewed by clinician. Other:	/staff. xplore the possibility of a mental ut no more than three months (90 less the student prior to this date, tely by a written request.
$\frac{X}{X}$ — The purpose health wither This authoridays) from a withdraws p Student's Si	Medical/Psychological Assessments and/or Reports Communicate by phone, letter, or email with above par documentation was received and reviewed by clinician. Other:	/staff. xplore the possibility of a mental ut no more than three months (90 less the student prior to this date, tely by a written request.

#### PRIVACY NOTICE

With a few exceptions, you are entitled to be informed about the information U.T. San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. San Antonio correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that

U.T. San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.



# AUTHORIZATION TO RELEASE RECORDS AND INFORMATION FOR MEDICAL/MENTAL HEALTH WITHDRAWAL REQUEST

I, \_\_\_\_\_authorize

(Student's Name)

, hereby

Dr. Melissa Hernandez

To communicate with the following individuals and/or UTSA departments: <u>Academic Support, Dean of</u> <u>Undergraduate Studies, Dean of Graduate Studies, Business Office, Registrar's Office, Student</u> <u>Financial Aid, Counseling Services, Student Health Services, and any others on the UTSA</u> <u>Medical/Mental Health Withdrawal Committee.</u>

### To release to each other the following:

- X Treatment and Progress Summary
- X Report of Medical/Psychological Assessment
- X Communicate by phone, letter, or email with above parties for confirmation that documentation was received and reviewed by clinician/staff
- X Academic Transcripts, Class Attendance, Student Request for Withdrawal, Medical/Mental Health records/documentation

The purpose of this release <u>is: to assist the university and the student explore the possibility of a</u> <u>medical or mental health withdrawal from UTSA.</u>

This authorization will be valid until request is approved or denied, <u>but no more than three months (90</u> days) from the date of signature **or** (insert date) ;unless the student prior to this date, withdraws permission. Any verbal request to withdraw this release must be followed immediately by a written request.

Student's Signature	Banner ID	
In the Presence of		_(Signature of Witness)

Date\_\_\_\_\_

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