**CONSENT TO DISCLOSE CONFIDENTIAL INFORMATION**

I understand that I can choose to allow the Loyola University of Chicago (“LUC”) Wellness Center Advocates (the “WC Advocates”) to release certain personal information to certain individuals, agencies or other parties. Pursuant to this Consent to Disclose Confidential Information (this “consent”), I, Click or tap here to enter text., authorize the WC Advocates to share the following specific information to:

|  |  |
| --- | --- |
| Who I want to have my information: | Name(s): Click or tap here to enter text.  Specific Office or Agency: Click or tap here to enter text.  Phone Number: Click or tap here to enter text.  Email: Click or tap here to enter text. |

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| --- | --- |
| How I want my information shared: | * In person * By phone * By Email *(I understand that email is not secure and can be intercepted and read by other people)* * Other, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| What information I want shared: | *(List as specifically as possible, for example: name, dates of service, and documents, type of accommodation)*  Click or tap here to enter text. |

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| Why I want my information shared: | *(List as specifically as possible, for example: to receive accommodations, to coordinate care)*  Click or tap here to enter text. |

#### I understand that signing this consent is voluntary. I understand that this consent is limited to the information written above and I would need to complete an additional consent to make changes. I understand that there is risk in completing this consent as it can potentially open up access to my information as my records will no longer be de-identified. I understand that I may withdraw my consent at any time by giving written notice to WC Advocates, but if I do, it will not affect any actions taken by the WC Advocates prior to such withdrawal. I understand that this consent is valid for one year or until Click or tap here to enter text.. If I fail to specify an expiration date or event, this consent will expire one year from the date on which it was signed.

#### Click or tap here to enter text.

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Signature of Patient Date

Parent/Guardian Signature (if under 18 years of age): Click or tap here to enter text.

Relationship to Patient: Click or tap here to enter text.