An education that matters.

Franklin Pierce University

REFERRAL TO OUTREACH EDUCATION & COUNSELING CENTER

NOTICE: According to law and professional ethics, any information about a client (including whether the person has ever been in treatment) is considered confidential. Information can only be released after obtaining the written permission from the client/student and at the discretion of the professional counseling staff. However, receiving information about a person does not require informed consent.

Please make a copy for your records and send the original in a sealed envelope or by e-mail to:

Rob Koch, Director of Outreach Education & Counseling, Lower Level Granite Hall
kochr@franklinpierce.edu

**************************************************************************

________________________________________________ is being referred  Date: __________

Student Name

This student is referred by __________________________

Your Name  Voice mail  Email

Reason for referral:______________________________________________________________

______________________________________________________________________________

Check those which are applicable:

☐ This concern may be shared with the student, even if s/he has not signed below.
☐ I do not want my concern shared with the student, but would like to discuss this issue.
☐ This is a referral only; I do not need to know if the student met with a counselor.

**************************************************************************

RELEASE OF INFORMATION: In order to facilitate a limited exchange of information, the signature of the person being referred must appear below. Students have the right to not grant permission for any release of information. Release of information is restricted to the student’s attendance at appointments and a general statement of progress.

I acknowledge receipt of this referral and authorize limited release of information from and to the persons/services cited above. I understand that the information provided will be limited to: attendance at appointments and a general progress report only on the concerns cited above. This release will remain in effect until ________________.

______________________________________________                    _____________________

Date  Today’s Date

Signature of person referred (student)

**************************************************************************

REPORT

Date(s) seen _______________     _____________________________(signature of Director)