
**Limited Authorization to Release Information
Mandated Safety Assessment for Risk of Suicidality**

MSA Disclosure Statement

The Student Counseling Center staff wants you to be knowledgeable about the rights and responsibilities you have as a student participating in a mandated safety assessment through the MSA program.

All of your rights apply as described in the Counseling Services Disclosure Statement. However, in order to satisfactorily complete this program you must agree to allow your counselor to share selected information with the College officials who referred you to participate in MSA. If you choose not to authorize this release, the counselor will work with you to find an appropriate off-campus practitioner who is qualified to provide a comparable service (although in order to meet the requirements of this mandate you will need to authorize that counselor to release information about your compliance to College officials). If you have questions about anything in this document you may bring it unsigned to your first appointment, in order to have these questions answered. Initiation of this protocol does not begin (that is, your three assessment sessions have not begun) until you are satisfied with the Disclosure Statement above and have signed the Limited Authorization to Release Information.

The Mandated Safety Assessment (MSA) is a three session protocol in which the referred student and a counselor work together to assess the student's safety and develop a safety plan. They collaborate on ways of reducing the likelihood of behaviors that may put you or others at risk.

As a participant in MSA you will be considered a client of the Student Counseling Center and a written record of this service provided you will be kept, as required by law.

I, _____, hereby authorize _____
(Client name) (your counselor)

to release information regarding my completion status for the MSA protocol as described on these pages.

This information is to be released to: Dr. Andrew Robinson, Assoc. Vice President of Student Affairs, 358-2842.

The purpose of this release is to notify College officials of this student's progress toward completing MSA.

I understand that this consent is subject to my written revocation at any time. Unless I revoke my consent, this release shall remain in effect for ninety days, or until _____, whichever comes first.

Print Name: _____ Date: _____

Signature: _____
(Counselor Signature)

Student ID #: _____