

(Confidential Client Information)

**TEXAS WESLEYAN UNIVERSITY COMMUNITY COUNSELING CENTER**

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**(CLIENT MUST SIGN AN AUTHORIZATION FOR RELEASE OF RECORDS WITH INFORMATION INDICATING RECIPIENT AND REASON FOR RELEASE)**

CHECK IF RELEASE OF INFORMATION HAS BEEN SIGNED

**APPOINTMENT VERIFICATION LETTER**

To Whom It May Concern:

This letter certifies that \_\_\_\_\_ was seen by this office:

\_\_\_\_\_ AM/PM on M, T, W, Th, Sat \_\_\_\_ / \_\_\_\_ / \_\_\_\_      \_\_\_\_\_ AM/PM on M, T, W, Th, Sat \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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\_\_\_\_\_  
(Counselor/Student Counselor)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)

**THANK YOU FOR THIS REFERRAL**

**NOTICE OF RECIPIENT INFORMATION**

This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are so protected, Federal Regulation (42 CFR Part 2) prohibits you from making any further disclosure on this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse client. **DISCLAIMER: It is the legal responsibility of the recipient of this information (transmitted electronically or otherwise) to comply with HIPAA regulations.**