1: On Patient Portal (https://chconline.ucr.edu), from Message, student can click the “New Message” button, the chose the option to “complete a CAPS Release of Information form”.
2. Then the student can compose the new secure message and it will be sent to a generic provider “CAPS, DOCUMENT”. The release will be available in messages.

Compose New Secure Message

**Recipient:** CAPS, DOCUMENT
**Message Type:** CAPS Release of Information
**Subject:** Release of Medical and Mental Health Information
**Attachments:** Add attachment...

Items marked with **are required.

Counseling and Psychological Services (CAPS)
Veitch Student Center, North Wing
900 University Avenue
Riverside, CA 92521

Authorization for Release of Health Information

**Name (Last, First):** Applicant, Jane
**Student Id#:** 86075877
**Date of Birth (MM/DD/YYYY):** 01/01/1997
**Phone:** 949-300-0000
**Address:** 800 University Ave, 1120 Hendershall Hall, APT 222
**City:** Riverside
**State:** CA
**Zip:** 92506

I authorize: (Person or facility which has medical and/or mental health information)

Name (Last, First): CAPS, Staff
Address: Veitch Student Center, North Wing 900 University Ave
City: Riverside
State: CA
Zip: 92521
Phone: 951-627-4331
Fax: 

To release medical and/or mental health information to: (Person or facility to receive medical and/or mental health information)

Name (Last, First): 
Address: 
City: 
State: 
Zip: 
Phone: 
Fax: 
** Type of disclosure: ☑ Oral communication ☑ Copies of Records

** Please specify the information you authorize to be released:

☑ Mental health information (Subject to the Lanterman-Petris-Short Act, Welf & Inst. Code §5000 et seq.).

☑ Medical (This may include drug/alcohol and mental health information documented by a primary care practitioner)

☑ Drug and alcohol abuse diagnosis or treatment information subject to federal law (42 C.F.R. §§2.34 and 2.35).

☑ HIV/AIDS test results (Health and Safety Code §120980(g)).

Type(s) of information, if not specified above (e.g. Summary Report):

☐ Other

Specify date(s) of treatment, time period or condition:

☐ Dates

Limitations upon disclosure (e.g. attendance only):

☐ Limitations

** The purpose of this release is:

☑ At the request of the client/patient/patient representative

☐ Other (state reason)

Expiration and Validity of Authorization

Unless otherwise revoked, this Authorization expires on: 4/12/2021

If no date is indicated, this Authorization will expire twelve (12) months after the date of my signing of this form.

NOTICE: UCR and many other organizations and individuals such as physicians, hospitals and health plans are required by law to keep your health information confidential. If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, it may no longer be protected by state or federal confidentiality laws.

YOUR RIGHTS: This Authorization to release health information is voluntary. Treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this Authorization except in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan, (3) to determine an entry's obligation to pay a claim, or (4) solely to create health information to provide to a third party.

This Authorization may be revoked at any time. The revocation must be in writing, signed by you or your client/patient representative, and delivered to the UCR Counseling and Psychological Services. The revocation will take effect when UCR receives it, except to the extent UCR or others have already relied on it. You are entitled to receive a copy of this Authorization.

By sending this message, I hereby consent to the release and exchange of information as outlined above and acknowledge that I have read and agree with the information provided above.
3. In PNC, the provider “CAPS, DOCUMENT” will receive the secure message and can resolve it in this inbox or forward to the other provider, but not necessary.
4. In PNC, the secure message will be shown in the patient’s chart.