

APPENDIX I

**Cumberland University Counseling Center
Receipt of Confidential Record**

I, _____, requested and received a copy of my
Name of client

confidential record on _____.
Date

I acknowledge that I took personal possession of the record against the advice of the Counseling Center professional staff, who advised against such action on grounds of security and confidentiality. The Counseling Center prefers to send copies directly to sources authorized by a signed release of information rather than release the record to a client directly, because it is believed to be in the best interest of the client. The Counseling Center will not honor this request if, in the determination of its clinical staff, you are not of sound mind to understand your actions and/or the significance of this request at the time it is made.

Signature of client

Date