

# COTTEY

## Disability Services

### Confidentiality Agreement

The coordinator of disability services is charged with handling all documentation and information regarding student disability services at Cottey College. All documentation provided to the coordinator of disability services is confidential and only shared with others with the express written permission of the student. Consent of the student will be requested prior to releasing medical documentation to a third party. All documentation is maintained in both paper and electronic copies during a student's time of study at Cottey and shredded/deleted one full academic year after the student graduates or no longer attends the school.

Confidentiality cannot be maintained in the case of child abuse, suicidal or homicidal intent, or given the threat of an individual's safety.

By signing the Confidentiality Agreement, you agree to the terms and conditions of Cottey's protocol and procedures regarding the confidentiality of student disability documentation.

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Student Signature

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Date

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Coordinator of Disability Services

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Date

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## Disability Services

### Release of Information

Only with express written permission of the student can the coordinator of disability services at Cottey College release or obtain any information pertaining to the condition of the student. Additionally, the student may withdraw any authorization at any time via a written, signed, and dated request given to the coordinator of disability services. The following is a list of individuals the student does or does not grant permission to discuss her disability with the coordinator of disability services.

Treating medical professional(s)	<input type="checkbox"/> Authorize*	<input type="checkbox"/> Do not authorize
<hr/>		
Designated family member(s)	<input type="checkbox"/> Authorize*	<input type="checkbox"/> Do not authorize
<hr/>		
Cottey Faculty and/or Staff	<input type="checkbox"/> Authorize*	<input type="checkbox"/> Do not authorize
<hr/>		
<b>*If any exceptions apply to these authorizations, please specify here:</b> _____		
_____		
_____		

By signing this release, I acknowledge I have read and fully comprehend the entire document above. I also acknowledge all information in this document is accurate and I have been given the opportunity to ask any questions I might have. Lastly, I have not been persuaded or forced to sign this document against my will.

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Student Signature

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Date