Bates | COUNSELING AND PSYCHOLOGICAL SERVICES

31 Frye Street, Lewiston, ME 04240
Phone: 207-786-6200
FAX: 207-786-8219

Proof of ID for CAPS Request for Personal Files

I, the undersigned, have requested copies of personal notes from my Bates College Counseling & Psychological Services (CAPS) file.

I have been offered an opportunity to review these notes with a CAPS counselor and to ask any questions I have.

I plan to use these notes for my own personal recollection of treatment I received at Bates CAPS and/or for further treatment.

I have been advised to carefully protect my Personal Health Information or to destroy these notes when I am finished with them, since confidentiality can no longer be guaranteed once these notes have been released outside CAPS.

My name and signature below confirm I have provided identification to my identity and have been given copies of the session notes from my personal therapy file which are now in my possession.

Name when at Bates _____

Bates Student ID# _____

_____ _____

Signature Date

_____ _____

Printed Name Current Phone Number