

Hobart and William Smith Colleges
THE COUNSELING CENTER
 91 St. Clair Street, Geneva, NY 14456
 Telephone: (315) 781-3388 Fax: (315)-781-4455

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

| | | |
|------------|----------------|-------------|
| Last Name: | First Name: | Student ID# |
| Phone # | Date of Birth: | |

I give my permission to the following persons to exchange confidential, personal health information about me:

Counseling Center Staff:

Jennifer Hogan, Director
 Tasha Prosper, Associate Director
 Katie Pullano, Staff Counselor
 Katy Wolfe Kelliher, Staff Counselor
 Bethany Raymond, Staff Counselor

My Home Provider (s), Parent(s) or other as named below:

- _____ phone _____
Home Provider
- _____ phone _____
Parent (s)
- _____ phone _____
Additional

The above named are permitted to share confidential personal health information about me to each other.

For the purpose of (check all that apply):

- Continuity of care/further treatment
- Legal/security investigation
- Hospitalization
- Other: _____
- Medical Leave
- Academic concerns/accommodations
- Coordinating my mental health support on campus

Information to be released (check all that apply):

- Verbal Communication with those listed above
- Therapist impressions/recommendations
- Summary of psychological assessment/testing
- Other: _____
- Treatment summary
- Record of counseling/therapy attendance only

This consent will expire no later than one year from today, or on the following date: _____

I authorize release of my records in accordance with the specification listed above. I understand that I have a right to inspect and receive a copy of the disclosed material. A photocopy of this consent shall be valid as the original.

Signature (or authorized signature) _____ Date: _____

Witness: _____ Date: _____

Providers receiving information from the CC are responsible to all applicable laws, for both mental health and substance-related treatment records and information regarding confidentiality and nondisclosure to third parties. By signing this release form, I acknowledge that I have voluntarily granted the aforementioned permissions. I further understand that I may revoke these permissions at any time in writing to the CC, except to the extent that the providers have already acted in reliance to it.