

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 to Colleges Administrators and Deans**

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

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

<p><u>Counseling Center Staff:</u> Tasha Prosper, Director Jennifer Hogan, Clinical Supervisor Katie Pullano, Counselor Katy Wolfe Kelliher, Counselor Bethany Raymond, Counselor Mary Martini-Hausner, Counselor</p>	<p><u>HWS Administrators:</u> All Administrators included in list below B.B. Barile, Vice President for Campus Life &amp; Dean of Students Kristen Tobey, Associate Dean of Student Engagement Shelle Basilio-Murray, Associate Vice President of Campus Life Hobart /William Smith Deans or their designee Dr. Stephanie Achilles, Psychiatrist Other (s) _____</p>
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**Please also include (initial by the following parties you would like to be included):**

Hubbs Health Center / Finger Lakes Medical Staff Residential  
 Education Professional Staff  
 Disability Services  
 Other (s) (please print): \_\_\_\_\_

**For the purpose of (check all that apply):**

Continuity of care/Coordinating my mental health support on campus       Medical Leave  
 Academic Concerns       Health Review  
 Other: \_\_\_\_\_

**Information to be released (check all that apply):**

Verbal Communication with those listed above       Treatment summary  
 Therapist recommendations       Record of **counseling attendance only**  
 Other: \_\_\_\_\_

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

Signature (or authorized signature) \_\_\_\_\_ Date: \_\_\_\_\_

**I authorize release of my records in accordance with the specification listed above. A photocopy of this consent shall be valid as the original.**

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 on it. Rev. June 2024