

**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 FOR *MEDICAL LEAVE OF ABSENCE***

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

*I give my permission to the following persons to exchange confidential 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  
 Mary Martini-Hausner, Staff Counselor

**HWS Administrators:**

- B.B. Barile, Vice President for Campus Life & Dean of Students
  - Kristen Tobey, Associate Dean of Student Engagement
  - Shelle Basilio, Associate Vice President of Campus Life
  - Hobart/William Smith Dean\*
  - Dr. Stephanie Achilles, Psychiatrist
  - Provider: \_\_\_\_\_
  - Other (parent, etc): \_\_\_\_\_
- \*Or their designee

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

- Medical Leave/Return from MLOA
- Hospitalization
- Continuity of Care
- 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:*** \_\_\_\_\_

***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.***

Rev Dec, 2022