CONSENT TO RELEASE CONFIDENTIAL INFORMATION
TO COLLEGES STAFF/ADMINISTRATORS

I give permission to all Staff of The Counseling Center, including:

The Counseling Center:
- Shelly Lear, Psy.D.—Psychologist/Director
- Michael Siembor, Ph.D.—Psychologist/Asst. Director
- Rebecca Berger, Ph.D. —Psychologist
- Tasha Prosper, M.A. —Psychologist
- Jennifer Hogan, Psy.D. —Psychologist
- Kathleen Pullano, LCSW-R—Staff Counselor

Hobart and William Smith Administrators:
- Robb Flowers—Vice President for Student Affairs
- Dr. Montrose Streeter—Asst. VP for Student Affairs
- Brandon Barile—Director of Residential Education
- Shelle Basilio-Murray—Assoc. Director Residential Education
- Kristen Tobey—Director of Student Activities
- Dr. Stacey Pierce, Associate Dean of Students
- Hobart and William Smith Deans, or their designee
- Or Other HWS Administrator Designee

Please also include (initial by the following parties you would like to be covered under this release of information form):

- [ ] Hubbs Health Center Staff, including Dr. Deborah Healy
- [ ] Campus Safety Officers
- [ ] Residential Education Professional Staff
- [ ] Other: __________________________

The above named may disclose confidential information about me to each other. This release pertains to HWS employees only and explicitly does NOT include parents or other family, hospitals, home or off-campus providers, or others for whom I may wish to complete a separate release. The information disclosed may include attendance as well as (please initial wherever applicable):

- [ ] Treatment summary
- [ ] Treatment recommendations
- [ ] Records for alcohol and other drug treatment
- [ ] Restrictions to release, if any: __________________________

This consent will expire no later than one year from today, or on the following 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 by writing to The Counseling Center, except to the extent that the providers have already acted in reliance to it.

Signature

Print Name

Signature of Witness

Date