



bowden & associates psychological and counseling services llc

365 RIFFEL RD., STE B • WOOSTER, OHIO 44691 • PHONE: 330.345.3461 • FAX: 330.345.3462 • AchieveWellBeing.com

Authorization for Release of Information

Marianne Bowden
Ph. D
Psychologist

Kristen T. McCort
M Ed, LPCC
Licensed Professional
Clinical Counselor

Heidi Buckingham-
Summers
M Ed, MCC, LPCC
Licensed Professional
Clinical Counselor

Mary Ann Pap-Barbera
MSSA, LISW-S
Licensed Independent
Social Worker

Elizabeth Yutzy
MSW, LISW
Licensed Independent
Social Worker

Jennifer Skruck
MA, LPCC-S
Licensed Professional
Clinical Counselor

Patient's Name: _____ **DOB:** _____

I give my consent for Bowden & Associates, Psychological and Counseling Services LLC to obtain from _____ and/or release to _____

the following information in writing _____, verbally _____, and/or electronic media _____

- | | |
|---|---|
| <input type="checkbox"/> Summary of Contacts | <input type="checkbox"/> Educational/School Records/Information |
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Reunification Plan/Case Plan |
| <input type="checkbox"/> Records/Progress Notes | <input type="checkbox"/> Substance Use |
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> Recommendations |
| <input type="checkbox"/> Medication(s) Prescribed | <input type="checkbox"/> Other (Specify): _____ |

This information is for the purpose of: _____

I understand that the information to be released cannot be disclosed without my expressed written consent. Consent of this release expires on: _____

I understand that I may revoke this agreement at any time, except to the extent that action has already been taken, by providing written notification to Bowden & Associates.

Signed: _____ Date: _____

Patient/legal representative/parent

Signed: _____ Date: _____

Clinician/Staff Member

Notice of Prohibition of Disclosure

This information has been disclosed to you from records whose confidentiality is protected by Federal regulations (HIPAA Privacy Rules 42 CFR Parts 160 and 164). These regulations prohibit you from making any further disclosure of it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical information is not sufficient for this purpose.