

Putnam County ESC Annex

PUTNAM COUNTY ESC ANNEX
250 MEADOW GLEN DRIVE, UNIT 1
OTTAWA, OHIO 45875
PHONE: 419-523-2256

Authorization for Release/Exchange of Information

This form provides your School Counselor with written permission to communicate with other individuals regarding your ongoing counseling (e.g., current or previous mental health professional, current health care providers, parent).

I, _____, authorize **Allison Ryman** (School Counselor) to release
(Parent Name)
and/or exchange information about _____'s case with the following
(Student Name)
Professional:

Name of Counselor or Medical Professional: _____

Business (If applicable): _____

Professional's E-Mail: _____

Professional's Phone Number: _____

Professional's Address: _____

Information to be Released ____ **and/or Exchanged** ____ : (Check one or both)

(Check all that apply)

- ____ Intake and history
- ____ Diagnosis and Treatment Plan
- ____ Verbal Consultation
- ____ Treatment Progress
- ____ Discharge Summary
- ____ **All of the Above**
- ____ Other (specify) _____

This release will be valid until the end of the 2020-2021 school year or until withdrawn in writing by the student or parent during the course of counseling.

Student Name: _____

Parent Signature: _____

Date: _____