WICKER WELLNESS CENTER
807 Union St., Schenectady, NY 12308
Phone: (518)388-6120 Fax: (518)388-6147
Email: uchealthcenter@union.edu

PSYCHIATRIC RELEASE OF CONFIDENTIAL INFORMATION

INFORMATION TO BE RELEASED: ☐ TO ☐ FROM

Name: Wicker Wellness Center Staff / Angela Stefanatos MS, FNP-BC,PMHNP-BC
Address: 807 Union Street, Schenectady, New York, 12308
Email: uchealthcenter@union.edu **Phone: (518) 388 – 6120** **Fax: (518) 388 – 6147**

INFORMATION TO BE RELEASED: ☐ TO ☐ FROM

Name:_____

Address:_____

City/State/Zip:_____

Telephone:_____ ***Fax Number:**_____

***REGARDING* (Name):**_____ **Date of Birth:**_____

PLEASE RELEASE THE FOLLOWING INFORMATION:

_____ Prescriptions
_____ All notes for psychiatric treatment
_____ Other (please specify)_____

PURPOSE OF RELEASE:

_____ Continuing Care
_____ Other_____

THIS IS A SPECIFIC AUTHORIZATION AND MAY NOT BE EXTENDED FOR ANY PURPOSE.

Name (PRINT):_____ **Date of Birth:**_____

Signature:_____ **Date:**_____

Witness Signature:_____ **Date:**_____