

Compass Clinical Associates, PLLC
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Director of Clinical Services
Licensed Clinical Psychologist
Health Services Provider
Diplomate Forensic Psychologist

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Psychiatric Nurse Practitioner
Susan Haines, LMHC, CADC
Michele Hamilton, MSW, LISW
Alice Harberts, MSW, LISW
Steve Johnson, MSW, LISW
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Licensed Clinical Psychologist
Licensed School Psychologist
Hannah Lynn, QCSW, LISW
Susan McBroom, MS, LMHC
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Paula McManus, ARNP, BC
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Jerry Noble, MSW, LISW
Lauren Nystrom, MSW, LISW
Diana Ortiz, MSW, LISW
Edmund Piasecki, PMHNP-BC
Psychiatric Nurse Practitioner
Tonya Puski, PMHNP-BC
Psychiatric Nurse Practitioner
Colleen Reinhardt, ACSW, LISW
Shannon Sandahl, MSW, LISW
Cal Seda, Ph.D., P.C.
Licensed Clinical Psychologist
Health Services Provider
Eileen Swoboda, MSW, LISW
Alissa Wilkinson, MSW, LISW

**AUTHORIZATION FOR RELEASE OF MENTAL HEALTH/SUBSTANCE
ABUSE INFORMATION**

Patient's Name _____

The undersigned understands and consents to the following:

All documents, clinical records, and billing information relevant to the party identified are stored in the electronic record systems of
Compass Clinical Associates, P.L.L.C.
Everest Institute, L.L.C

Collaboration by the above clinical groups is understood by the patient to provide continuity of care.

I acknowledge that this information may include material that is protected by state and/or federal law applicable to either mental health or substance abuse or both.

Signature of Patient or Patient's Authorized Representative

If authorized Representative. Relationship to Patient

Date _____