

<b>Clarity Counseling</b>		
7150 Heritage Village Plaza, Unit 201 Gainesville, VA 20155	<b>Alicia Ayvas, MSSW, LCSW, CEDS</b> Licensed Clinical Social Worker	Phone: 571-318-9141 <a href="mailto:Aayvas@gmail.com">Aayvas@gmail.com</a> <a href="http://www.ClarityCounselingVA.com">www.ClarityCounselingVA.com</a> <a href="http://www.AliciaAyvasLCSW.com">www.AliciaAyvasLCSW.com</a> TherapyAppointment.com
11703 Bowman Green Dr., Lower Level Reston VA, 20190	VA #0904008108 NPI# 1003174673 EIN: 81-4686835	
2540 Professional Road Suite 2 Richmond, VA 23235		

**Authorization to Release Confidential Records and Information**

Client Name \_\_\_\_\_ DOB \_\_\_\_\_

This will authorize Clarity Counseling to release information to and receive information from the following party:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Fax/Email \_\_\_\_\_

The following information is authorized to be exchanged:

- Information regarding services currently being provided
- Information regarding past services
- Treatment reports/summary/assessments
- Family Involvement
- Emergency contact
- Substance Use Information
- Other: \_\_\_\_\_

I have had explained to me and fully understand this request and authorization and authorize the release of records and information as described above. I understand I may revoke this consent at any time except to the extent that information has already been released. This consent will automatically expire one year from the signed date, on \_\_\_\_\_.

\_\_\_\_\_  
Signature of Client Date

\_\_\_\_\_  
Signature of Parent/Guardian (if applicable) Date

\_\_\_\_\_  
Primary Therapist Date