

Clarity Counseling		
7150 Heritage Village Plaza, Unit 201 Gainesville, VA 20155	Alicia Ayvas, MSSW, LCSW, CEDS Licensed Clinical Social Worker	Phone: 571-318-9141 Aayvas@gmail.com www.ClarityCounselingVA.com www.AliciaAyvasLCSW.com TherapyAppointment.com
11703 Bowman Green Dr., Lower Level Reston VA, 20190	VA #0904008108 NPI# 1003174673 EIN: 81-4686835	
2530 Professional Rd, 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