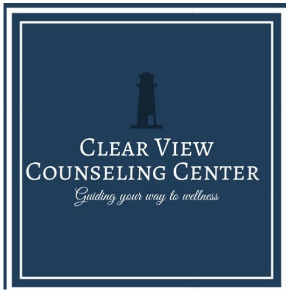


1819 Bay Ridge Ave, STE 190
Annapolis, MD 21403
(Ph) (410) 281-9430
(Fax) (443) 782-2446
Info@ClearViewCounselingCenter.com

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby give my informed consent to Clear View Counseling Center, LLC to:

- ☐ Disclose information to:

  ____

  ____

- ☐ Obtain information from:

  ____

  ____

- ☐ Exchange information with:

  Clear View Counseling Center, LLC
  1819 Bay Ridge Ave, STE 190
  Annapolis, MD 21403
  (443) 826-7457

Regarding copies of and/or discussions related to reports designated below for continuing treatment.

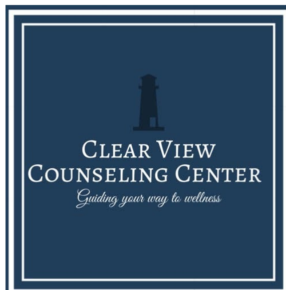
- ☐ Treatment Summary
- ☐ Admission Assessment
- ☐ Psychological Evaluation
- ☐ Psychologist Progress Notes
- ☐ Updated Primary Care Referral
- ☐ Outpatient Treatment Report
- ☐ Pertinent Court/ Legal Documents
- ☐ Termination/ Discharge Summary
- ☐ Social Services Progress Notes
- ☐ Medical Information
- ☐ Dependent's Treatment/ Care
- ☐ Updated Care Referral
- ☐ Other (Specify): __________________

Purpose of disclosure:

- ☐ Assessment & Treatment
- ☐ Discharge Planning
- ☐ Forensic/ Attorney Consultation
- ☐ Other:______________________

Patient Name: ___________________________________ Date of Birth:____________________
Signature: ___________________________________ Date: ____________________
Witness: ___________________________________ Date: ____________________

This consent will automatically expire one year from the date signed by the patient, guardian, or legal representative and may be revoked in writing at any time.



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