

**EMILY GRIFFIN, M.A., LCPC**

**Clarity Through Counseling, LLC**

13240 Executive Park Terrace • Germantown, MD 20874 • (301) 531-4653 • [emily@claritythroughcounseling.com](mailto:emily@claritythroughcounseling.com)

**Authorization to Exchange Information**

**This authorizes Emily Griffin, MA, LCPC to release information to another party.**

I hereby authorize **Emily Griffin, MA, LCPC** to release information to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

Purpose of disclosure:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check what Emily is allowed to disclose to the above party:

- Diagnosis
- Summary of Treatment
- Progress in Treatment
- Dates of Treatment
- Treatment Plan
- Full Treatment Record
- Discharge Summary
- Other \_\_\_\_\_

I understand that I may revoke this consent at any time except to the extent that action based on it has already been taken.

I understand that I am authorizing the disclosure of confidential information and agree that a photocopy of this authorization will be as valid as the original.

Client (or Guardian) Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_