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Consent for Release of Information

I, _____, hereby grant authorization to Keith Miller to
(choose one please):

- Disclose only dates of our sessions together...
- Disclose only dates of sessions as well as information about the reason for my treatment and the nature of the treatment...
- Disclose all of my records (if necessary), treatment information, and any and all information about me relevant to the third party named below...

To the following individual(s): _____

I hereby give my consent for:

- The time period of _____ to _____
or
- One year from today's date (if above is left blank)

Signature of person authorizing release of information

Printed Name