

Metropolitan Counseling Associates, LLC

7201 Wisconsin Ave., Suite 700
Bethesda, MD 20814
301-654-7770

Release of Information

Client name: _____

I authorize _____
(clinician's name)

of Metropolitan Counseling Associates, LLC to exchange information
with:

Name: _____ Phone: _____

Address: _____

for the purpose of treatment collaboration.

Client Signature: _____

Parent/legal guardian signature
(if client is under 18): _____

Date: _____