



Northern Virginia Older Adult Counseling, LLC

## CONSENT TO RELEASE INFORMATION

The undersigned individual agrees to allow Northern Virginia Older Adult Counseling to release and exchange relevant information obtained through therapy and/or evaluation to the recipient named below:

### Client Information:

\_\_\_\_\_  
Name of Client (print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

### Recipient Information:

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Relationship/Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone number

Northern Virginia Older Adult Counseling, LLC  
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Fairfax, VA 22030  
Fax : 703-995-0330