

CARL MOJTA, LMFT, LLC
Licensed Marriage & Family Therapist (DC#: LMFT000169)
Licensed Marriage & Family Therapist (VA#: 0717001428)
Certified Addiction Counselor I (DC#: CACI1137)

Consent for Release of Confidential Patient Information

This consent authorizes Carl Mojta, LMFT to release/receive the following (check one please):

- _____ Disclose only dates of therapy sessions.
- _____ Disclose only dates of session as well as information about the reason for my Treatment and the nature of my treatment.
- _____ Disclose all my records, if necessary, treatment information and any and all information about me to the third party named below:

concerning:

Patient: _____ DOB: _____

To/From: _____

Address: _____ Telephone #: _____

City/State/Zip _____

I hereby give my consent for (please check one):

_____ The time period of _____ to _____

OR

_____ One year from today's date

I understand that I may revoke this consent at anytime except to the extent that action has already been taken in reliance hereon.

Signature of person authorizing Release of Information

Printed Name

Date