

# CARL MOJTA, LMFT, LLC

Licensed Marriage & Family Therapist (DC#: LMFT000169)  
Licensed Marriage & Family Therapist (VA#: 0717001428)  
Licensed Clinical Marriage & Family Therapist (MD#: LCM790)  
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