ALPHA OMEGA CLINIC AND CONSULTATION SERVICES
P: 301-767-1733 / F: 301-767-1743

7007 Bradley Blvd	3607-A Chain Bridge Rd	108 N. Payne St	5034 Dorsey Hall Dr, Ste 202
Bethesda, MD 20817	Fairfax, VA 22030	Alexandria, VA 22314	Ellicott City, MD 21042

CONSENT TO RELEASE or OBTAIN HEALTHCARE INFORMATION

I, _____born_____
(Client's full name) (D.O.B.)
authorize _____(and their supervisor; if applicable)
(Clinician)
of Alpha Omega Clinic and Consultations Services, to:
(Check one of the following, and complete with name, address, and phone/fax numbers.)

- ☐ Release of information to: _____
- ☐ Obtain information from: _____
- ☐ Exchange information with:_____

Information may be released in the following form(s)

☐ Written ☐ Verbal ☐ Written and verbal

Information or Records to be disclosed. *Please check all that apply:*

- ☐ Medical Records
- ☐ Educational Records
- ☐ Alcohol/Drug History
- ☐ Psychological Evaluation/Assessment
- ☐ Office/Progress Notes
- ☐ Issues Related to Faith/Spirituality
- ☐ All of the Above.

As the person signing this consent, I understand that I am giving my permission for the above-named Alpha Omega Clinic and Consultation Services Clinician and other named third party to discuss confidential health care information. I also understand that I have the right to revoke this consent, but that my revocation is not effective until delivered in writing to the person who is in possession of my records. A copy of this consent and a notation concerning the persons or agencies to whom disclosure was made shall be included with my original records. The person who receives the records to which this consent pertains may not re-disclose them to anyone else without my separate written consent unless such recipient is a clinician who makes a disclosure permitted by law.

This authorization is valid for one year from the date signed, or until (*specify here*): _____

Signature of client: _____Date:_____

Print name: _____ Relationship to client: _____

Please return a copy of this request and the requested information to Alpha Omega Clinic and Consultation Services at the address or fax listed above.