

Ryan Long, LICSW
3000 Connecticut Ave. NW
Suite 436
Washington, DC 20008

RELEASE OF INFORMATION FORM

I, hereby authorize Ryan Long, LICSW to obtain/release information pertaining to my evaluation and/or treatment to/from:

_____.

for the purpose(s) of:

I have been informed that I may revoke this authorization by written or oral communication to Ryan Long, LICSW

I certify that this form has been fully explained to me and that I understand its contents.

Signature of Client

Date