

SHIFAA INTEGRATIVE COUNSELING, LLC

Abdallah Ezekiel Rothman, LPC, ATR

1984 Isaac Newton Sq. W. Suite #204

Reston, VA 20190

(202) 812- HEAL (4325)

info@shifaacounseling.com

www.shifaacounseling.com

CONSENT TO RELEASE INFORMATION

I, _____, consent to release information regarding my therapy and/or testing with _____ to the following individual(s):

_____.

I do not consent to release the following information (if applicable):

_____.

I understand that I may withdraw my consent at any time.

Client Signature (Client's Parent/Guardian if under 18)

Today's Date