PASSPORT, a program of
Kirby Creative Clinical Solutions, LLC
3929 Old Lee Hwy; Unit 92-D
Fairfax, VA 22030
703-409-2571
Tax ID # 27-2924949

Authorization for the release of confidential information

I, _____
Client Name

authorize Kirby Creative Clinical Solutions, LLC and the PASSPORT Program staff to exchange confidential information about me with my

_____
Provider Type (therapist, psychiatrist, doctor, employer, etc.)

_____
Provider Name

_____
Provider Phone

_____
Provider Fax

This exchange of information is for the sole purpose of coordination and collaboration regarding my mental health, education or employment services.

I understand that I can revoke this authorization at any time by providing written notification.

_____ _____
Signature of Adult Client Date

_____ _____
Signature of Witness Date