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Please identify others with whom it is practical to consult on treatment. Primary Care Physicians, Psychiatrists, Former Psychotherapists, and School Counselors are good examples. Confidentiality legally prohibits me from conferring without your written consent. Authorize me to confer on treatment progress and recommendations by providing information below with your signature.

Name: _____ Phone# _____ Relationship: _____

Name: _____ Phone# _____ Relationship: _____

Name: _____ Phone# _____ Relationship: _____

Name: _____ Phone# _____ Relationship: _____

Signature: _____

Relationship to Patient: _____

Date: _____

