

The Christian Counseling Center of First Presbyterian Church

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

RE: _____

Date of Birth: _____

Social Security #: _____

I, _____ hereby authorize the reciprocal release of information between:

And

This consent for disclosure shall be limited to the following information:

The disclosure of this information is requested for the following purposes:

This consent is subject to revocation by the undersigned at any time, except to the extent that action has been taken on this release prior to revocation. If not earlier revoked, this consent shall terminate in _____ days.

I hereby release the professional and/or agency listed above from liability for disclosure of information to the persons, and the purpose described above.

Patient: _____

Date: _____

Patients/Guardian: _____

Date: _____

Witnessed by: _____

Date: _____