



Praise Cathedral Pastor Counseling
3386 Brushy Creek RD Greer SC 29650
TELEPHONE: (864) 879-4878 FAX: (864) 879-7524

AUTHORIZATION FOR
RELEASE/EXCHANGE OF CONFIDENTIAL
INFORMATION

Client name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Pursuant to federal and state laws as well as the ethical standards set forth by the American Psychological Association and the American Counseling Association protecting my rights to confidentiality and privileged communication, I release the following specific information to be used as deemed appropriate:

I, \_\_\_\_\_ (print name), hereby authorize Pastors and Counselors at the Praise Cathedral Church of God, whom I have spoken, to release and exchange information about the services I have received.

I specifically authorize information to be exchanged with the following person/s or organization/s (please include name and address):

Four horizontal lines for listing authorized persons or organizations.

I consent for information to be exchanged for the following purpose(s):

- Coordination of treatment
Confirmation of attendance
Creation/maintenance/strengthening of support system
Other \_\_\_\_\_

This authorization shall expire when: \_\_\_\_\_
(not to exceed six months) (Date or condition)

I understand that I may revoke this consent to release and exchange information at any time prior to the stated expiration date. This authorization will remain valid until it is revoked in writing or until the expiration date.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_