



# HOMETOWN PASTORAL COUNSELING GROUP PLC

## RELEASE OF INFORMATION

I, \_\_\_\_\_ (Client Name), authorize and request that  
\_\_\_\_\_ (Pastoral Counselor's Name) release all confidential information in  
my file to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_\_

I understand that I may revoke this consent at any time by submitting a written request to my pastoral counselor. I release my pastoral counselor and his/her agency from all legal ability for the release of this information. This form expires one year from the date below.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Client Signature                      Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Counselor Signature                      Date