

## Consent for Release of Confidential Information

I the undersigned hereby authorize my caregiver \_\_\_\_\_ to release the information identified to **Charles Clark Pastoral Counseling** [webchaplainministry@gmail.com](mailto:webchaplainministry@gmail.com) phone # 978-239-1376 to obtain from your practice the status and information for the collaboration and discussion regarding treatment and planning for the named client:

**Person(s)** \_\_\_\_\_

**Organization** \_\_\_\_\_

**Address** \_\_\_\_\_

The following information identified with my initials below:

Yes / No      Your Initials      Topic to be shared!

Yes / No      \_\_\_\_\_      Progress Notes/Report

Yes / No      \_\_\_\_\_      Treatment Plan

Yes / No      \_\_\_\_\_      Psychiatric Evaluation

Yes / No      \_\_\_\_\_      Medications/Medical History

Yes / No      \_\_\_\_\_      Pastoral Care Summary

\_\_\_\_\_ Other (specify) \_\_\_\_\_

By signing below, I hereby release the above parties from any and all liability resulting from the release of this information. This release expires twelve months from today.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_