



Healing For The Heart Ministries

"He heals the brokenhearted and binds up their wounds." Psalm 147:3

CONSENT FOR H4HM TO RELEASE INFORMATION

I/We _____ ("Client(s)") hereby authorize

Healing For The Heart Ministries ("H4HM") to share any counseling or testing information with:

Name: _____

Address: _____

City, State Zip: _____

Phone: _____

Information received/disclosed is protected by state and federal (42 CFR, Part 2) laws, which prohibit any further disclosure of it without the specific written consent of the person to whom it pertains or as otherwise permitted by such regulations.

I/We understand that any information disclosed or obtained will be kept in strict confidence and utilized solely for the purpose of providing services to Client(s). I/We further understand that a fax copy or photocopy of this consent is as valid as the original.

This authorization to release information will be effective for one year from the date referenced herein. Consent for release of information may be revoked by Client(s) at any time by an express written request for such, delivered to H4HM or to Counselor.

Client Signature _____ Date _____

Client Signature _____ Date _____