



**CONSENT FOR RELEASE AND EXCHANGE OF CONFIDENTIAL INFORMATION  
AND RELEASE FOR ACTIONS TAKEN OR WITHHELD BASED ON SUCH  
CONFIDENTIAL INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, the undersigned client, of my own free will, hereby AUTHORIZE the assigned members of Grace Redeemer Church (GRC), her pastoral and counseling staff, AND the following Support Person (optional):

Support Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

set forth, in above lines, name, the address and telephone/email address of therapist; counselor; physician; other psychological or medical practitioner; pastor; teaching or ruling elder; Growth Group leader; or other support person to exchange (whether by person-to-person meetings, telephone conferences, e-mails or otherwise) the following information:

Verbal or written summaries, as applicable, of:

1. attendance of counseling sessions and of meetings with assigned members of the GRC Diaconate;
2. cooperation with treatment, including any recommended treatment for substance abuse, and cooperation with counselor recommendations;
3. progress reports;
4. prognosis; and/or
5. other information that the persons exchanging information may, in their sole discretion, deem to be necessary or appropriate to providing the recommended assistance.

This authorization becomes effective immediately upon my signing it. I understand, however, that I have the right to revoke this authorization at any time except with respect to any action taken by anyone prior to receipt of that revocation. I understand that my revocation will not be effective unless it is in writing and delivered to a current member of the GRC Staff and the Support Person named above.

I understand that the information to be exchanged could not, in most instances, be released without my consent and that the recipients of such information will exercise care to not release any such information to anyone else without my further consent except where disclosure is deemed appropriate for the performance of services for the undersigned; or where the life or safety of any person is perceived to be at risk; or where a child may be perceived as subject to abuse and/or neglect; or a law is likely to be broken; or, if the undersigned is a church member and the situation appears to warrant church disciplinary involvement; or pursuant to a subpoena, court order or applicable law.



I have carefully reviewed the entire text of this Consent and Release Form and have been given the opportunity of consulting with anyone of my choosing regarding the meaning and implications of this Consent and Release Form.

And I hereby IRREVOCABLY AND UNCONDITIONALLY waive any and all rights to make any claims against Grace Redeemer Church and/or any of its trustees, officers, employees, members of the GRC Diaconate or other agents and/or the Support Person named above on account of any damage or loss which I may incur as a result of the exchange and/or use and/or possible loss of confidentiality of any such information.

I hereby sign this Consent and Release voluntarily and of my own free will without any promises having been made to me in exchange therefor.

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Signature of Client (*if over 21 years of age*)

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Today's Date

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Signature of Parent or Legal Guardian of Client (*if applicable*)

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Today's Date