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Release of Confidential Information

I, _____, consent for Hebrew 4:16 Counseling, its employees, Chuck Steinmetz and Anne Steinmetz or assigns to release (Counselee to initial below where appropriate):

_____ Acknowledgement of my participation, withdrawal or dismissal from Hebrews 4:16 Counseling.
 initial

_____ Information observed or disclosed in counseling that might otherwise be considered confidential.
 Initial

I choose to restrict my consent that such acknowledgement and/or disclosure be made by Hebrews 4:16 Counseling's staff members or employees or Chuck Steinmetz and Anne Steinmetz to only the following individual(s) or organization (counselee's initials required for each listing):

	List names to release information	Phone	Initials
Spouse/Fiancée			
Parents/Guardians			
Pastor/Pastoral Staff			
Counselor/Therapist			
Employer/Human Resources			
Attorney/Probation Officer			

I agree to hold Hebrews 4:16 Counseling, its employees, Chuck Steinmetz and Anne Steinmetz and assigns harmless, and surrender any rights I may have to make a claim against Hebrews 4:16 Counseling, its employees and assigns to claim harm or damages that I may suffer as a result of such disclosure.

Counselee's Name _____ Signed: _____ Date: _____

Witnessed By: _____ Signed: _____ Date: _____