

Missionaries to Ministers, Inc.

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CONSENT TO RELEASE CONFIDENTIAL INFORMATION

This authorization is for the release and exchange of psychological or any other information concerning this client and is requested for confidential use only.

I, _____ give permission to
(client)

_____, and
(Therapist)

_____ to exchange information for the
(Name of agency or individual)

following purpose(s):

This release will be in effect until: _____

(Therapist)

(Client)

(Today's Date)