

RELEASE OF INFORMATION

**TIDEWATER
PASTORAL
COUNSELING**



SERVICES

To: _____

Date _____
Re: _____
DOB: _____
SSN: _____

_____ Tidewater Pastoral Counseling Services, Inc. is hereby authorized to release information to the above named person or facility.

_____ The above named person or facility is authorized to release information to Tidewater Pastoral Counseling Services, Inc.

For the purpose of: _____

This information will not be released without my permission. This authorization may be revoked at any time. If not previously revoked or otherwise specified, this authorization will remain in effect for the duration of the treatment episode.

I further authorize the information to be sent by facsimile. _____ Yes _____ No

TPCS Staff Member

Client or Guardian

Date

**7305 Hampton Blvd.
Norfolk, Virginia 23505-2923
(757) 623-2700 (757) 640-1058 Fax**