

Harrisburg Biblical Counseling Center
420 S 21st Street
Harrisburg, PA 17104
(717) 232-1713

RELEASE OF INFORMATION FORM

I, hereby authorize the Harrisburg Biblical Counseling Center to
release information pertaining to my evaluation and/or counseling sessions to:

for the purpose of: _____
(indicate the specific reason)

I understand that authorization shall remain valid from the date of my signature below and
for 9 months thereafter ending on: _____

I have been informed that I may revoke this authorization by written or oral
communication to the Harrisburg Biblical Counseling Center. I certify that this form has
been fully explained to me and that I understand its contents.

Signature of Client

Date of Authorization

Signature of Witness

Date