

DEEPER WATERS

1817 Crescent Blvd, Suite 103
Orlando, FL 32817
407-476-3727

RELEASE FOR INFORMATION

I, _____, give permission to _____
(Client's name) (Therapist's name)

of Deeper Waters, a Counseling Ministry of h2o church, to release or exchange information regarding

(Myself or minor child)

To/with _____
(Name)

(Address)

(Client Signature)

(Date)

(Witness Signature)

(Date)

*This release is valid for one year from the above date