

# DEEPER WATERS

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

## RELEASE FOR INFORMATION

I, \_\_\_\_\_, give permission to \_\_\_\_\_  
(Client's name) (Therapist's or facility name)

to release or exchange information regarding

\_\_\_\_\_  
(Myself or minor child)

To \_\_\_\_\_ of Deeper Waters, a Counseling Ministry of h2o church,  
\_\_\_\_\_

\_\_\_\_\_  
(Client Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness Signature)

\_\_\_\_\_  
(Date)

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