



**The Virginia Institute of Pastoral Care**  
**2000 Bremo Road, Suite 105, Richmond, VA 23226**  
**(804) 282-8332**

**Release of Information**

I, \_\_\_\_\_ (your name) hereby authorize and request my physician or helping professional:

Name of Professional: The Virginia Institute of Pastoral Care  
Address: 2000 Bremo Road, Suite 105  
City, State, Zip: Richmond, VA 23226  
Phone: (804) 282-8332

to furnish:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_

with such information as may be desired from my medical or other records. I expressly understand and agree that no liability of any nature shall attach to the above person, institutions, or to the attending physician, surgeon, employee or witness in acting upon this authorization and request.

Client Name (print): \_\_\_\_\_

Client (or Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_