



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

Release of Information to and from Your Physician or Another Professional

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

Name of Professional: _____

Address: _____

City, State, Zip Code: _____

Phone #: _____ Fax #: _____

to furnish THE VIRGINIA INSTITUTE OF PASTORAL CARE, INC., 2000 Breomo Road, Suite 105, Richmond, VA 23226, with such information as may be desired from my medical and/or other records. I hereby further authorize and request THE VIRGINIA INSTITUTE OF PASTORAL CARE, INC. to furnish the above-named professional with such information as may be desired from my medical and/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 neatly): _____

Client Signature: _____ Date: _____

Date of Birth: _____

Address: _____

City, State, Zip Code: _____

Phone #: _____ Email: _____

Witness: _____ Date: _____
(Counselor's Signature & Credentials)