**PASTORAL RELEASE**

As a member of a local church, you have agreed to be under the spiritual protection of the pastor of your church. As Christian counseling is a form of spiritual care and we assist the Pastor(s) in your care, we request that the below release statement be signed to speak with the pastor for your well-being.

In signing this release of information, I/we, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(client’s printed name(s))* hereby give permission to my Pastor, Sal Maioranaof The Waymart Church *(name of church)* and **a counselor** of Foundations Christian Counseling Services to communicate as deemed necessary by the counselor. This *Release of Information* shall be effective from the date of the signature by the client and end one year from the date of the signature or upon termination of services (*if counseling exceeds one year*).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ 570-488-5300 waymartchurch@gmail.com

Client Date of Signature Church Telephone # Pastor’s E-mail

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ 596 Honesdale Rd. Waymart, PA 18472

Client (Spouse/Other) Date of Signature Church Address