**Release of Information - Billing**

In signing this release of information, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (client’s printed name) hereby give permission for **Foundations Christian Counseling Services** (**FCCS**) to release any information pertaining to *billing and financial matters* as deemed necessary by **FCCS** to The Waymart Church Leadership Team (name of Payor/church/etc.) and/or their represented designee (pastor, treasurer, deacon, etc.).

Information regarding the content of counseling sessions shall not be released unless a separate form is signed by the client.

I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on this authorization.

This Release of Information shall be effective from the date of the signature by the client and end exactly **six (6) months** after the date of the signature. I understand that should the Payor or Church not make a payment on an invoice in 60 days, I will be responsible for full payment due.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Date Guarantor Signature (parent/guardian) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Date \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Church Agreement**

The above client(s) currently attend regularly and have been referred to FCCS by the church for the purpose of receiving counseling in accordance with the current partnership plan with FCCS.

Name of Church: The Waymart Church Contact Person: Sandy Fenwick

Church Address: 596 Honesdale Rd. Waymart, PA 18472

Contact’s Email: [waymartchurch@gmail.com](mailto:waymartchurch@gmail.com) Contact’s Phone Number: 570-488-5300

Church has agreed to pay *(circle one)* full price, half price, or $\_\_\_\_\_\_\_\_ for \_\_\_\_\_\_\_\_ *(number)* sessions. And/Or the church has approved **6** (number) sessions at the Church Partnership Rate.

Specific Start Date: \_\_\_\_\_\_\_\_\_\_\_ to End Date:\_\_\_\_\_\_\_\_\_\_\_\_*(if specified by authorized person)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Contact Signature Date