

PARADIGM BIBLICAL COUNSELING

A Center For Biblical Soul Care

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Providence, RI 029037

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www.paradigmbiblicalcounseling.com

CONSENT TO DISCLOSURE OF INFORMATION WAIVER OF CONFIDENTIALITY, PATIENT/CLIENT FORM

I, _____, give my consent in regard to myself and/or my minor
child, _____, for _____, a counselor at Paradigm
Biblical Counseling, to release the following specific information:

Type of Information

To:

Name and/or organization

Mailing Address

Phone

for the specific purpose of _____.

This consent is subject to written revocation at anytime except to the extent that action has
already been taken upon this consent. This consent will expire on _____.

I specifically release _____ and Paradigm Biblical Counseling,
from any civil or criminal liability or responsibility pursuant to Article 5561(h), V.A.T.S. and/
or other applicable statutes and regulations as a result of having released the requested
information pursuant to this signed consent.

Signature

Date

Witness

Date

Notice to recipient of information: The information disclosed to you was taken from records of which the
confidentiality may be protected by State and/or Federal law. State and Federal laws prohibit you from making any
further disclosure of the information without the specific written consent of the person to whom it pertains, or as
otherwise permitted by State and Federal regulations. A general authorization for the release of medical or other
information is not sufficient for this purpose.