

JOURNEYS COUNSELING MINISTRY

**COUNSELING REFERRAL AND
LIMITED RELEASE OF INFORMATION FORM**

This represents a limited release of information between the two signers as specified below.

_____ is referred to Journeys Counseling Ministry
(name of client)

by: _____
(name & title of referring person)

It is understood that specific material and conversations within the counseling sessions are personal and strictly confidential. This content will **NOT** be shared with any outside person without the expressed permission of the client within the limitations of the law. However, with this signed form Journeys Counseling Ministry will share the following limited information with specified party above only:

1. Attendance of counseling sessions
2. General progress in counseling
3. Any recommendations for further assisting the client.

I understand this release of information and hereby grant Journeys Counseling ministry a limited release of information as stated above.

Client Signature

Date