



MINISTRY DEVELOPMENT SERVICES

I hereby grant permission for information regarding my appointment(s) at the MINISTRY DEVELOPMENT SERVICES of PRESBYTERIAN PSYCHOLOGICAL SERVICES to be released to the person or organization responsible for paying the fee for my appointment(s) at the Ministry Development Services of Presbyterian Psychological Services. This information shall include, but not be limited to, my name and appointment date or dates, as shall be deemed necessary by the Ministry Development Services of Presbyterian Psychological Services for the purpose of billing and/or obtaining authorization for billing for my appointment(s).

Client's Name: _____
(Please Print Legibly)

Client's Signature: _____

Date: _____