

Soul Restoration Ministries

Release of Information

Support Group, Online Group, Restoration House

I, _____ give permission to my therapist,

and facilitators of SRM to discuss concerns that may arise in the Support group, Restoration House visits or online group pertaining to my participation . The purpose is to work at resolving any conflicting issues that may effect me or the well being of the groups or house, and any concerns that pertain to my personal emotional, physical, or mental safety. **I will be notified of any contact being made on my behalf.**

All communication will remain confidential.

Signed _____

Therapist _____ Phone _____

Email _____

*Facilitators _____ and _____

Date _____

*Carla Ashton, Director