

*Barton Creek Counseling PLLC*

1715 S. Capital of Texas Highway, Suite 200-C  
Austin, Texas 78746

If your Bishop or Pastor/Clergy is paying for your therapy session, please fill out this form and return it to your therapist.

Date: \_\_\_\_\_

Client name: \_\_\_\_\_

Clergy Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Financial agreement with Clergy: \_\_\_\_\_

How many Sessions are authorized: \_\_\_\_\_

Clergy Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please be aware that you as a client, will need to sign an authorization that gives the therapist permission to contact your Clergy as a third party (someone other than you, as a client) for billing purposes.

The authorization releases your therapist from confidentiality in order to bill and receive payment for services.

You may specify whether the therapist is authorized to disclose any information about the content of the therapy sessions or give an update in your progress to your Ecclesiastic leader.

Please discuss this with your Ecclesiastic leader.