



ARCHDIOCESE OF  
**NEW ORLEANS**

Metropolitan Tribunal

**7887 Walmsley Avenue, New Orleans, LA 70125**  
**(Phone): 504-861-6291 (Fax): 504-861-9525**

<b>Tribunal Use Only</b>
Case Name _____
Protocol Number _____

**COUNSELOR/THERAPIST RELEASE FORM**

I, \_\_\_\_\_, hereby consent and authorize  
Name (please print)

\_\_\_\_\_  
Name of Counselor/Therapist

\_\_\_\_\_  
Mail address of Counselor/Therapist

\_\_\_\_\_ to \_\_\_\_\_  
Period of sessions

to provide to the Judicial Vicar of the MetroTribunal of the Archdiocese of New Orleans or his delegate full and complete information pertaining to my counseling/therapy. I waive the privileges and the confidentiality of such information in connection for the purpose of assisting the Tribunal in a pending ecclesiastical inquiry which is of an exclusively religious nature. This consent, authorization, and waiver extends only to revealing the information requested to the Metropolitan Tribunal of New Orleans for the sole purpose of its use in connection with my petition for a declaration of nullity of my marriage.

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Date

The Tribunal of the Archdiocese of New Orleans understands that it is being given certain Protected Health Information from the provider identified by the petitioner. The Tribunal agrees:

- to use this information only for ecclesiastical purposes during this pending inquiry, and for no other reason; and
- to safeguard this information from misuse, inappropriate disclosure, and accidental or intentional destruction or loss.

This provision complies with the requirements of the Health Insurance Portability and Accountability Act.

\_\_\_\_\_  
Officer of the Tribunal of the Archdiocese of New Orleans

\_\_\_\_\_  
Date