



**Between Two Homes®, LLC**

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### Attorney Authorization for Use and Release of Information

I, \_\_\_\_\_, hereby authorize Bradley S. Craig, LMSW-IPR,  
(Client or legal representative)  
to disclose and/or request coparenting consultation records and/or information concerning services rendered  
to (your name and your children's names):

_____ <b>Client Name</b>		_____ <b>Client DOB</b>	
_____ Child's Name	_____ Child's DOB	_____ Child's Name	_____ Child's DOB

_____ Child's Name	_____ Child's DOB	_____ Child's Name	_____ Child's DOB
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This information is to be forwarded and/or requested from/to:

_____ Your Attorney's Name/Firm	_____ Your Coparent's Attorney's Name/Firm
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_____ Mailing Address	_____ Mailing Address
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_____ City	_____ State	_____ Zip	_____ City	_____ State	_____ Zip
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_____ Telephone Number	_____ E-mail	_____ Telephone Number	_____ E-mail
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The purpose of this disclosure of information is for coparenting consultation services to improve assessment and service planning, share information relevant to services requested by clients, and, when appropriate, coordinate services. I understand information used or disclosed pursuant to this authorization may be subject to re-disclosure and no longer protected. I understand services or payment cannot be conditioned on signing this authorization.

I acknowledge that unless they specifically request in writing that the disclosure be made in a certain format Mr. Craig reserves the right to disclose information as permitted by the authorization in any manner that he deems to be appropriate and consistent with applicable law, including, but not limited to, verbally, in paper format or electronically.

**HIPAA Statement:** I understand information used or disclosed pursuant to this authorization may be subject to redisclosure and no longer protected. I understand services, treatment or payment cannot be conditioned on signing this authorization.

I acknowledge that this authorization may be revoked via written notice at any time by sending notification to Mr. Craig at the above information. I understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization. This release is effective for one year from date signed unless otherwise revoked. A photocopy or fax of this authorization is as valid as the original.

I acknowledge I was offered a copy of this authorization for my records.

_____ Signature	_____ Printed Name	_____ Date
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