Between Two Homes®, LLC
www.childreninthemiddle.com
Office (800) 239-3971
Fax (972) 704-2912
Support@childreninthemiddle.com

Attorney Authorization for Use and Release of Information

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

_____ _____
Client Name **Client DOB**

_____ _____ _____ _____
Child's Name Child's DOB Child's Name Child's DOB

_____ _____ _____ _____
Child's Name Child's DOB Child's Name Child's DOB

This information is to be forwarded and/or requested from/to:

_____
Your Attorney's Name/Firm

_____
Mailing Address

_____
City State Zip

_____ _____
Telephone Number E-mail

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