



**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 and/or request parenting facilitation 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

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

_____ Your Attorney's Name/Firm			_____ Your Coparent's Attorney's Name/Firm		
_____ Mailing Address			_____ Mailing Address		
_____ City	_____ State	_____ Zip	_____ City	_____ State	_____ Zip
_____ Telephone Number		_____ E-mail	_____ Telephone Number		_____ E-mail

The purpose of this disclosure of information is for parenting facilitation 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.

_____ <b>Signature</b>	_____ <b>Printed Name</b>	_____ <b>Date</b>
---------------------------	------------------------------	----------------------