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 guardian ad litem records and/or information concerning services rendered to (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	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 guardian ad litem 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