



Supervision and Exchange

Authorization for Release of Information

I, the undersigned, hereby authorize Between Two Homes®, Direct Services to release and/or obtain information and/or records regarding myself and/or my family for purposes related to supervised visitation and exchange.

Parties Authorized to Exchange Information:

- Release information to: _____
- Obtain information from: _____

Type of Information to Be Released/Obtained:

- Attendance and participation summaries
- Observations related to supervised visitation
- Exchange documentation

Client Rights and Acknowledgment:

I understand that I have the right to refuse to sign this form. I understand that once information is disclosed, it may be subject to redisclosure by the recipient and may no longer be protected by HIPAA. I understand that this authorization is voluntary and that my refusal will not affect my right to receive services. I understand I may request a copy of this form. This authorization is valid until _____ (date or event), or for one year from the date signed below, whichever comes first. I understand that I may revoke this authorization in writing at any time, except to the extent that information has already been released based on this authorization. Without revocation, this consent will expire in one year from the date below.

Name (Printed)	Date of Birth	Date
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Signature

Please list the names and birth dates of any minor child(ren):

Please provide the completed documentation to intake@betweentwohomes.com.