



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 to the below named attorneys parenting coordination 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 parenting coordination services to improve assessment and service planning, receive information relevant to services requested by clients, and, when appropriate, coordinate services. I understand information used or disclosed pursuant to this authorization is subject to the confidentiality of parenting coordination services.

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 to the attorneys 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.

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