# RELEASE OF INFORMATION FOR OTHER PROFESSIONALS WHICH WHOM THIS MONITOR CAN SPEAK

_____
Name of Client

I authorize Safe and Sound Visitation Monitoring and/or the administrative staff of Safe and Sound Visitation Monitoring, to release or exchange information about me and/or my child(ren) with the following individuals or agencies. I also authorize the following agencies or individuals to release or exchange information with Safe and Sound Visitation Monitoring:

| Name | Phone/Fax Number/Email |
|---|---|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

This release shall include any information, psychological, psychiatric, medical, or social, which might pertain to my/our child(ren) or me, for the following purpose: to facilitate Supervised Visitations.

By signing this release, I recognize I am waiving my right to any privacy between the institution, agency, school, physician, other professionals, or persons named herein and Safe and Sound Visitation Monitoring. This authority extends to the furnishing of copies of all or any desired parts of the records pertaining to the above-mentioned person or persons.

Unless otherwise specified, this authorization will be valid for one year from the date it is signed. I am entitled to and may request a copy of this release. I understand that I have the right to revoke or modify this authorization, in writing, at any time by sending written notification by USPS Certified Mail of that revocation or modification to Safe and Sound Visitation Monitoring's office address. However, my revocation or modification will not be effective until Safe and Sound Visitation Monitoring receives it by certified mail. If I do this it will prevent any releases after the date it is received but cannot change the fact that some information may have been sent or shared before that date.

I hereby release the above-named individuals from all legal liability that may arise from the release of the information requested. I affirm that everything in this form is clear to me and has been explained.

| _____ | _____ | _____ |
|---|---|---|
| Signature of Parent | Print Name | Date |
| _____ | _____ | _____ |
| Signature of Parent | Print Name | Date |