

**Authorization for Release of Information**  
**WAIVER OF PRIVACY AND RELEASE OF CONFIDENTIALITY**

Plaintiff	Civil Action No.
Vs.	
Defendant	

Each party's signature hereunder constitutes a release and waiver of privacy pursuant to Uniform Superior Court Rule 24.6(5) and hereby authorizes all medical, dental and mental health care professionals, counselors, education and others with knowledge of a confidential nature to release to the Guardian Ad Litem, records, documents and information concerning or regarding the child/children, as stated below, of the parties. Each party hereby expressly waives any privacy rights protected under HIPAA (The Health Insurance Portability and Accountability Act of 1996). A photocopy of this authorization is to be considered as valid as the original.

I understand that this consent is to include disclosure of: (PLEASE INITIAL):

☐ Alcohol and/or drug abuse record    ☐ Psychiatric records

Name	Date of Birth

**Signatures of Party:**

\_\_\_\_\_  
Party Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Relationship to Child