

Amy L. Luzar, MSSA, LISW-S
19910 Malvern Rd. Rm 221
Shaker Hts., OH 44122
216.973-9976

AUTHORIZATION FOR RELEASE OF INFORMATION AND COACHING NOTES

I, _____, (DOB) _____ hereby grant permission to Amy L. Luzar, MSSA, to exchange information with:

NAME: _____

STREET _____

CITY/ST _____

PHONE _____

EMAIL _____

For the purpose of working on an interdisciplinary team in the context of my collaborative and principled negotiation divorce process.

The purpose of this disclosure is:

___ Obtaining information

___ Continuity of care for the collaborative team

___ Other (Specify) _____

I understand that the collaborative principled negotiations divorce process is not a confidential process, and that all coaching information is shared with the entire professional team for the purposes of supporting the divorce process.

I understand the transparent nature of my records procedures.

___ checking this box indicates I intend to use my typed name and the date as my signature

SIGNATURE _____ DATE _____

WITNESS _____ DATE _____