

## Amy Luzar, MSSA, LISW-S

### AUTHORIZATION FOR RELEASE OF INFORMATION AND COACHING NOTES

**Instructions:** This is a fillable PDF. You may download and open it using Adobe Acrobat or a browser, complete all fields, and save your changes. At the end of this form, **digitally sign or type in your name**. Once finished, email the completed form to [amy@amyluzar.com](mailto:amy@amyluzar.com)

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

NAME:

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STREET		CITY		STATE	
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PHONE		EMAIL	
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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	