Bradley S. Craig, CFLE
PO Box 541702
Grand Prairie, TX 75054
(972) 897-0440
Fax (972) 704-2912
brad@childreninthemiddle.com

INSTRUCTIONS

This form allows the parenting coordinator to consult with other professionals as needed. Please leave the top portion blank, as this is where the professionals name will be added. Please complete the bottom portion, have a witness sign it and forward it with the rest of the packet information.

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CONSENT FOR RELEASE OF INFORMATION

I HEREBY GIVE MY PERMISSION FOR ______________________________ TO RELEASE AND DISCUSS ANY CHILD CARE, INVESTIGATIVE, MEDICAL, PSYCHOLOGICAL, PSYCHIATRIC, SOCIAL, CHILD SUPPORT, VOCATIONAL, AND/OR EDUCATIONAL INFORMATION CONCERNING MYSELF OR MY CHILDREN. I UNDERSTAND THIS REQUEST FOR INFORMATION INCLUDES MY CONSENT FOR RELEASE OF INFORMATION ON ILLEGAL DRUG USE, DISEASES, ILLNESSES INCLUDING HIV/AIDS, AND ANY TESTING ON MYSELF OR MY CHILDREN.

THIS INFORMATION MY BE RELEASED TO BRADLEY S. CRAIG FOR THE PURPOSE OF PARENTING COORDINATION.

I UNDERSTAND INFORMATION USED OR DISCLOSED PURSUANT TO THIS AUTHORIZATION MAY BE SUBJECT TO REDISCLOSURE AND NO LONGER PROTECTED. I UNDERSTAND TREATMENT OR PAYMENT CANNOT BE CONDITIONED ON SIGNING THIS AUTHORIZATION

THIS AUTHORIZATION MAY BE REVOKED VIA WRITTEN NOTICE AT ANY TIME EXCEPT TO THE EXTENT THAT THE INFORMATION HAS BEEN RECEIVED AND INCORPORATED INTO THE WORK PRODUCT. THIS RELEASE IS EFFECTIVE FOR ONE YEAR FROM SIGNED DATE UNLESS OTHERWISE REVOKED.

SIGNED:________________________________ DATE: ___________

PRINTED NAME: ____________________________

WITNESS: _____________________

A PHOTOCOPY IS AS VALID AS THE ORIGINAL