

Bradley S. Craig, LMSW-IPR, CFLE
PO Box 1353
Mineola, TX 75773
(972) 897-0440
Fax (972) 704-2912
brad@childreninthemiddle.com

**INSTRUCTIONS FOR COMPLETING THE
AUTHORIZATION FOR USE AND RELEASE OF INFORMATION**

1. You will complete separate consents for each professional or entity.
2. After "To;" fill in the name on the line of each professional or entity listed on your personal data form, as well as one for your attorney and one for the child's attorney.
3. After "Client(s):" fill in each line with your name and the names of the child(ren) if they received services. After each name fill in the following line with the individual's date of birth.
4. In the section, "the home of _____", please fill in the name of the adopting individual.
5. Please write in the name of the county of the adoption in the section "in _____ County Texas."
6. On the bottom line, sign your name, print your name, then put the date you signed it.

Bradley S. Craig, LMSW-IPR, CFLE
PO Box 1353
Mineola, TX 75773
(972) 897-0440
Fax (972) 704-2912
brad@childreninthemiddle.com

Authorization for Use and Release of Information

To: _____
Client(s): _____ DOB: _____
_____ DOB: _____
_____ DOB: _____

The undersigned hereby authorizes Bradley S. Craig, LMSW-IPR, CFLE to disclose to and/or obtain from the above named person or organization any and all information about the above client(s) in the following areas:

- X medical X discharge summaries X counseling/therapy X police records
- X dental X admissions summaries X psychiatric/mental health X CPS records
- X school X psychotherapy notes X psychological evaluations X social history
- X day care X probation/parole X other: Legal X parenting facilitation intervention
- X Alcohol and drug abuse treatment records (including those covered under 42 CFR part 2)
- X Any and all HIV/AIDS related conditions and testing

The person signing this form will be responsible for any fees incurred for this request.

I hereby grant BRADLEY S. CRAIG, LMSW-IPR, CFLE permission to obtain information that may have a bearing on the welfare and best interest of the child(ren) subject of this STEPPARENT ADOPTION including but not limited to criminal background checks, sexual offender background checks, fingerprints for the State of Texas or FBI background checks.

Mr. Craig, having been requested BY THE COURT to conduct research into the circumstances and condition of the home of _____ to determine ADOPTION suitability. Mr. Craig also having been ordered to appear in court if necessary to provide testimony of same if requested to do so by any counsel of record.

This authorization shall be in effect until the final hearing of this ADOPTION proceeding in _____ County Texas.

I acknowledge that unless they specifically request in writing that the disclosure be made in a certain format Mr. Craig reserves the right to disclose information as permitted by the authorization in any manner that he deems to be appropriate and consistent with applicable law, including, but not limited to, verbally, in paper format or electronically.

HIPAA Statement: I understand information used or disclosed pursuant to this authorization may be subject to redisclosure and no longer protected. I understand services, treatment or payment cannot be conditioned on signing this authorization.

I acknowledge I was offered a copy of this authorization for my records.

Signature Printed Name Date