Authorization to Exchange Information

Client Name _____ **DOB** _____

Client Name _____ **DOB** _____

Client Name _____ **DOB** _____

Client Name _____ **DOB** _____

I hereby give my permission for Kids In The Middle Therapists or Supervisors to provide verbal information and to receive verbal or written information pertaining to me and/or my child(ren) with the third party indicated below:

Name _____

Organization _____

Address _____

Telephone _____

Email _____

Relationship of Third Party to Client:

☐ **Teacher** ☐ **Parent**

☐ **Guardian Ad Litem** ☐ **Grandparent**

☐ **Counselor / Therapist** ☐ **Step-parent**

☐ **Other** *please specify* _____

Reason for release: _____

I understand that Kids In The Middle will not release any written records pertaining to me or my child. I understand that employees and staff of Kids In The Middle do not testify in custody disputes and/or court cases and Kids In The Middle does not allow records to be read or reviewed by any person other than Kids In The Middle staff.

I agree not to subpoena or request copies of my child's records or testimony/evaluations from any Kids In The Middle staff or employees. This authorization also bars any legal representative I may have now or in the future from seeking records, recordings, videotapes, and/or testimony/ evaluations.

This authorization is voluntary, may be revoked at any time and will automatically expire after one year. Any revocation will not affect actions which have already been taken. The date that this authorization is signed is the date it will go into effect.

Client / Legal Guardian Signature	Date	Witness Signature	Date
Client / Legal Guardian Signature	Date	Witness Signature	Date

Please do not sign below the dotted line unless you wish to revoke the above authorization:

REVOCATION OF AUTHORIZATION

I, _____ , hereby revoke the above Authorization to Release Information. I understand that any authorized action taken prior the date of this revocation remains unaffected.

Client / Guardian's Signature	Date	Witness Signature	Date