

Cari Foote, MA, LPC, LMFT & Associates, PLLC
KIDZ SAFE SUPERVISED VISITATION

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CONSENT FOR RELEASE/EXCHANGE OF CLIENT INFORMATION

Child Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____

Name of Parent or Guardian: _____

Name of Other Parent or Guardian: _____

I hereby authorize the following agencies or persons to release to each other and to exchange information from any client records:

____ County District Court, Court that ordered Visitation/exchange, Child Support Court, etc.

____ Client Attorney(s) _____

____ Other Attorney(s) _____

____ EMT/Hospital/ Medical in Emergency _____

____ Mediator _____

____ Other _____

This information shall include:

KIDZ SAFE Visitation and Exchange Center Intake Form

KIDZ SAFE Visitation and Exchange Center Summaries of Service

KIDZ SAFE Visitation and Exchange Center Visit/Exchange observation notes

KIDZ SAFE Visitation and Exchange Center account information

KIDZ SAFE Visitation and Exchange Center Reports and notifications

I understand that I am participating in a process that will be enhanced when information is shared freely between the parties listed above in my case. I understand the contents to be released/exchanged, the need for the information and that there are statutes and regulations protecting the confidentiality of authorized information. I understand that this is not a medical record and is not protected by HIPAA. I hereby acknowledge that this consent is truly voluntary and is valid until such request is terminated in writing to KIDZ SAFE. I further acknowledge that I may revoke this consent at any time and this revocation will result in notification of the parties involved in this case being informed of the revocation. This consent shall expire on the date shown below. I acknowledge that a copy is as valid as the original copy. Valid from _____ to _____.

Parent's Name- Print _____

Parent Signature _____