



Collaborative Team Practice

Authorization for the Release of Confidential Information

Purpose of Disclosure

I recognize that the professionals on my Collaborative case are a team, working together to assist my spouse and myself to achieve a mutually agreeable settlement. I understand that in order for team members to maximize their effectiveness, communication between professionals about all matters relevant to the case is essential. Thus, I hereby authorize the following professionals to provide/receive communication with each of the professionals named below about any and all matters relevant to my case. I freely and voluntarily waive any right to confidentiality of information regarding such matters between the Collaborative Professionals working on my case. The Participation Agreement, which is signed in the Collaborative Process, provides that all communication within that process is protected from outside use or in future legal proceedings.

_____	Attorney	_____	Attorney
_____	Coach	_____	Coach
_____	Child Specialist	_____	Financial Specialist

This authorization to release information is valid as it pertains to all identified family members.

Spouse or Partner	_____	DOB	_____	Spouse or Partner	_____	DOB	_____
Child	_____	DOB	_____	Child	_____	DOB	_____
Child	_____	DOB	_____	Child	_____	DOB	_____

I understand that a copy or facsimile of this Authorization shall be equivalent to the original.

I understand this consent can be revoked in writing at any time. I also understand this consent will automatically expire upon completion of the Collaborative Process, or one year from this date, whichever is sooner.

I have received information explaining my privacy rights under HIPAA.

To The Party Receiving Information: Information disclosed to you is from records whose confidentiality is protected by federal law. Federal regulations prohibit you from making any further disclosure of the information without written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of Personal Health Information or other information is not sufficient for this purpose.

_____	Signature	_____	Date
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_____	Signature	_____	Date
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