



# PARENT'S TOOLSHOP CONSULTING, LTD.

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## AUTHORIZATION FOR RELEASE OF INFORMATION

*\* Only complete the shaded area if you are requesting a completion report to be sent to a court-affiliated agency*

I hereby grant my permission for release of information relating to my participation and progress in programs provided by Parent's Toolshop Consulting. I understand that the following information will be included in a report sent to the person named below and will include information about:

- My attendance and participation in program.
- My pre/post class assessment of skills taught in the program.
- Any suspicions or evidence of abuse or neglect (by law, the instructor must report these, even without permission).
- The instructor's recommendations for case planning in custody and/or visitation issues.

I authorize this report be sent to: (Complete separate forms for caseworkers, attorneys, probation officers, etc.)

NAME OF CASEWORKER/PROFESSIONAL: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

I direct that all information released in this report be held in strict confidence by the recipient and is not further disclosed without my specific written authorization. I understand that this authorization shall remain in effect for one hundred eighty (180) days from the date of my signature below, unless I specify an earlier expiration date in this space: \_\_\_\_\_. I understand also, that except to the extent that action has been taken based on my authorization, I may withdraw this authorization at any time by written notification to the parties involved. Upon revocation of consent, further release of information shall cease immediately.

## CONFIDENTIALITY AGREEMENT

*Everyone must read and sign this part.*

I understand that parents involved with court-affiliated agencies will be attending this class. To protect our confidentiality, I agree to:

- Not share personal/confidential information I hear in the class. What is said in the class stays in the class.
- Not share details about anyone's case (including mine) or any court involvement during class
- Ask appropriate professionals (attorney, etc.), not the parenting instructor, questions related to court cases
- Not identify myself or reveal identities of classmates as a client of a court-affiliated agency.

PRINT YOUR NAME: \_\_\_\_\_

YOUR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_

WITNESS NAME (PRINT) \_\_\_\_\_

DATE: \_\_\_\_\_