

**RELEASE OF INFORMATION
Consultation for Collaborative Law**

Name: _____ **Date of Birth:** _____

In our Collaborative Consultation session, your Private Health Information (PHI) may be shared with our designated legal counsel, as well as your spouse's legal counsel. Pursuant to Ohio Revised Code 3105.41, the Collaborative Law process does not begin until a Collaborative Law Participation Agreement is signed by you and your spouse. In most cases, however, it will be necessary and appropriate for me to have preliminary communications concerning each spouse's Private Health Information with legal counsel prior to the actual signing of a Collaborative Law Participation Agreement and the commencement of the Collaborative process. Subsequent written authorization for such Collaborative family law communication will be contained in the formal written Collaborative family law participation agreement.

I, the undersigned, do hereby give:

Sharon M. Phillips, Psy.D.
9078 Union Centre Blvd., Suite 350
West Chester, Ohio 45069
(513) 785-0831

permission to release information regarding myself to:

my legal counsel _____ **and to**

my spouse's legal counsel _____.

I also give Dr. Sharon Phillips permission to release information to the above-named parties, as she believes is indicated.

Signature

Date