

FAMILY FOCUSED



# GARIN DOUGLAS VICK, Psy.D.

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## CLINICAL & FORENSIC PSYCHOLOGY

### CONSENT TO ALLOW ACCESS TO RECORDS FOR CO-PARENT COACHING PURPOSES

**TO: All relevant parties**

**RE: Access to records request**

I understand that in this Parenting Coordination process, **I fully and voluntarily waive any implied or actual assumption of privacy and confidentiality** in regards to any / all information requested by the Co-Parent Coach. By consenting to this process, I have consented to the full and complete disclosure of any and all information requested by the Co-Parent Coach, **Garin D. Vick, Psy.D.** By my signature, I consent to waive any assumption of privacy or confidentiality, whether during the process itself, in the submission of a written summary of the Co-Parent Coach's findings, or in any litigation process to follow. My signature also gives consent to allow the Co-Parent Coach to contact any/all collateral contacts deemed appropriate, and to be allowed full and complete access to any/all records requested, including legal, financial, school, medical, mental health and all such related records for myself and any and all minor child(ren) involved in this process. This release shall serve as my full and unrestricted permission for any party, upon request, to provide to **Garin D. Vick, Psy.D.** any/all information, records and documentation requested, with no further contact with me.

\_\_\_\_\_  
**Participant Name** (Please print legibly)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Participant Signature**

(\_\_\_\_\_) \_\_\_\_\_  
**Contact Phone Number(s)**

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