



GARIN DOUGLAS VICK, Psy.D.

CLINICAL & FORENSIC PSYCHOLOGY

CONSENT TO ALLOW ACCESS TO RECORDS FOR PARENTING COORDINATION 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 Parenting Coordinator. By consenting to this process, I have consented to the full and complete disclosure of any and all information requested by the court-appointed Parenting Coordinator, **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 Parenting Coordinator’s findings, or in any litigation process to follow. My signature also gives consent to allow the Parenting Coordinator 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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FAMILY FOCUSED



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