

Family Ties of the Lowcountry, LLC

Co-parent Training and Support Services
P.O. Box 274, Mt. Pleasant, SC 29464
Telephone: 843.478.9560
E-mail: LindaToporek@gmail.com

Consent for Release/Exchange of Client Information

I, _____,

Do hereby consent and authorize Family Ties/Linda Toporek to release any information pertaining to me and my children to the agencies/persons indicated below, and I also authorize the indicated sources to release information/documentation regarding my case to Family Ties/Linda Toporek:

- SC Department of Social Services: _____
- Attorney: _____
- Mental Health Agency/Professional: _____
- Guardian ad Litem: _____
- Family Court: _____
- Other – please specify: _____
- Other – please specify: _____
- Other – please specify: _____

The doctrine of informed consent has been explained to me and I understand the contents to be released/exchanged, the need for the information and that there are statutes and regulations protecting the confidentiality of authorized information. I hereby acknowledge that this consent is truly voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken. This consent shall expire one (1) year from the date shown below. I acknowledge that a copy is as valid as the original copy.

Client Signature

Date

Printed Name