



## **Patient Consent to Referral to Family Advocacy Attorney**

Your doctor, nurse, or therapist has referred you to the Family Advocacy Attorney at The Center for Family Safety and Healing. The attorney will discuss your legal situation with you but will only be giving you advice. Referrals will be provided if you require further legal assistance including representation in any pending, ongoing, or future litigation.

In our attempt to assist you, it may be necessary for your medical provider to share information about your health or mental health conditions with the attorney. The attorney will not discuss the specifics of your legal problem or share confidential communications with your medical team, although you are welcome to do so.

I have carefully read and understand the above and do herein expressly and voluntarily authorize disclosure of information from my or my child's medical team to the Family Advocacy Attorney. I understand the extent of services that will be provided to me and wish to speak to an attorney about my legal problem.

\_\_\_\_\_  
My Signature

\_\_\_\_\_  
My date of birth

\_\_\_\_\_  
Child(ren)'s Name(s)

\_\_\_\_\_  
Children's birthdates

\_\_\_\_\_  
Today's Date