

# Time Together Supervised Visitation & Exchange Center

## TRIANGLE FAMILY SERVICES

700 Blue Ridge Road, Suite 101

Raleigh, NC 27606

Phone: 919-836-8740

FAX 919-836-8598

### CONSENT FOR RELEASE/EXCHANGE OF CLIENT INFORMATION

Name(s) of Child(ren): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

I hereby authorize the following agencies or persons to release to each other and to exchange information from my client records:

- Triangle Family Services *Time Together* Supervised Visitation & Monitored Exchange Center
- Wake County District Court
- Wake County Re-Entry Program
- Client Attorney(s) \_\_\_\_\_
- Client Attorney(s) \_\_\_\_\_
- Other (specify) \_\_\_\_\_
- Other (specify) \_\_\_\_\_
- Other (specify) \_\_\_\_\_

This information shall include:

- Time Together* Visitation and Exchange Center Intake
- Time Together* Visitation and Exchange Center Summaries of Services
- Time Together* Visitation and Exchange Center Visit/Exchange observation notes
- Time Together* Visitation and Exchange Center account information
- Time Together* Visitation and Exchange Center (other) \_\_\_\_\_
- Time Together* Visitation and Exchange Center (other) \_\_\_\_\_
- Other \_\_\_\_\_

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.

\_\_\_\_\_  
Parent's Name – Please Print

or

\_\_\_\_\_  
Legally Appointed Representative's Name

\_\_\_\_\_  
Parent's Signature

or

\_\_\_\_\_  
Legally Appointed Representative's Signature

\_\_\_\_\_  
Date of Signature

Witnessed by \_\_\_\_\_