ARIELLA GOODWINE FISHER, MFT
CO-PARENT COUNSELING
MEDIATION
RELEASE OF INFORMATION

1710 S. Amphlett Blvd. #107
San Mateo, CA. 94402

650.342.6980
License # MFC37564

Release of Information

I, _____ authorize Ariella Goodwine Fisher, in her role as a Co-Parent Counselor, to exchange or release professional records and/or information with the following legal professionals:

Client's Attorney/Firm: _____

Phone number/email address: _____

Co-parent's Attorney/Firm: _____

Phone number/email address: _____

I hereby authorize the Co-Parent Counselor to communicate by any means, including email, with the attorneys and staff at their law offices as needed.

_____ _____

Client's Signature Date