IN THE SUPERIOR COURT OF CHATHAM COUNTY

STATE OF GEORGIA

**WAIVER OF PRIVACY AND RELEASE OF CONFIDENTIALITY**

|  |  |
| --- | --- |
| Plaintiff | Civil Action No. |
| Vs. |
| Defendant |

Each party’s signature hereunder constitutes a release and waiver of privacy pursuant to Uniform Superior Court Rule 24.6(5) and hereby authorizes all medical, dental and mental health care professionals, counselors and others with knowledge of a confidential nature to release to the Guardian Ad Litem records, documents and information concerning or referencing a party to this action or the child/children of the parties. Each party hereby expressly waives any privacy rights protected under HIPAA (The Health Insurance Portability and Accountability Act of 1996).

**Signatures of Parties:**

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| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent’s Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name  Sworn to and subscribed  before me on .  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Notary Public  My commission expires: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent’s Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name  Sworn to and subscribed  before me on .  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Notary Public  My commission expires: |