

CORNERSTONE

Psychological Associates, PLLC

1755 Westgate Drive, Suite 260
Boise, Idaho 83704

Phone: (208) 373-0790
Fax: (208) 373-0816

Collateral Contact List and Authorization to Release Information

I, _____, authorize the evaluator, _____, to contact, interview, and collect information from the individuals listed on this form. The purpose of this contact is for the collateral person to share information with the evaluator, not for the evaluator to disclose confidential information about me. However, I realize that complete confidentiality cannot be maintained by the very nature of the evaluator making the call and the questions asked about me, my relationships, the opposing parent, and my child(ren). I also authorize for the information gathered from these collateral contacts to be documented in the final report given to the court and attorneys. I understand that the evaluator might not contact some or all of these persons. I also understand and consent to the evaluator performing the same tasks with the collateral contacts for the opposing parent in this case.

Name	Phone Number	Relationship & Type of Information Held
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

Signed

Date

Evaluator

Date