

Creekside Psychiatric Center
5190 Bayou Blvd, #6
Pensacola, FL 32503

Name: _____

Date of Birth : _____

Our file : _____

Authorization for Release of Information

I hereby request and authorize:

to release written or verbal information specified below:

- Medical, psychological and mental health evaluations and treatment records, including laboratory reports, substance abuse treatment, Human Immunodeficiency Virus (HIV, AIDS), and illegal abuse records.
- Educational history and evaluation.

To : _____

Creekside Psychiatric Center
5190 Bayou Blvd., #6
Pensacola, FL 32503

Voice (850) 476-0977
FAX (850) 476-2558

for the purpose of coordination of medical and mental health care.

I understand that this form may be used to release information related to mental health treatment, including assessments and laboratory reports. Any release of substance abuse information must be pursuant to 42 CFR.

I understand that I have the right to refuse to sign this Authorization or to rescind my consent at any time prior to the release of the information.

Expiration Date: _____

Signature of Competent Adult Printed Name of Competent Adult Date Time

When applicable, Signature of: Printed Name of Substitute Decision Maker Date Time

Guardian, Guardian Advocate, Health Care Surrogate/Proxy, or Personal Representative/Equivalent (if deceased)

Signature of Witness Printed Name of Witness Date Time

PROHIBITION ON REDISCLOSURE: This information has been disclosed to you from records whose confidentiality is protected. Any further redisclosure is strictly prohibited unless the person provides specific written consent for the subsequent disclosure of this information. Florida Law requires that any person, agency, or entity receiving information shall maintain such information as confidential and exempt from the provisions of the public records law. See s. 394.4615(1), Florida Statutes

Any release of information must be in compliance with the federal HIPAA law and state laws governing such releases. Any facility or private mental health practitioner who acts in good faith in releasing information pursuant to s. 394.4615 or other Florida statute is not subject to civil or criminal liability for such release.