



# Coastal Psychiatric Urgent Care

(P) 321-586-5444 (F) 321-319-9712

## AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby request and authorize (include name of provider and fax number):

to communicate written or verbal information specified below with all staff of Coastal Psychiatric Urgent Care for the purpose of coordination of medical and mental health care:

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

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 federal regulation 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. I understand that I may be denied services if I refuse to consent to disclosure for purposes of treatment, payment, or healthcare operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Client or Guardian

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Printed Name of Client

\_\_\_\_\_  
Client Date of Birth

\_\_\_\_\_  
Printed Name of Client's Legal Guardian \*(Only if patient is under 18 or a dependent adult)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Printed Name of Witness

**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.

Effective 9/28/2020