

PSYCHOLOGICAL ASSOCIATES, P.A.

1120 North Palafox Street

Pensacola, FL 32501

Phone (850) 434-5033 • Fax (850) 433-0268

AUTHORIZATION TO OBTAIN OR RELEASE INFORMATION

Client Name: _____

Date of Birth: ____/____/____

Parent/Guardian: _____
(PLEASE PRINT)

Date: ____/____/____

I authorize Psychological Associates and specifically: (check all that apply)

- Dr. Bailey Dr. Bobet Dr. Dillon Dr. Doenlen Dr. Larson Dr. Lott
- Dr. Meek Dr. Morgan Dr. Spencer Dr. Zieman J. Taylor, LCSW S. Bell, LMHC

to Release Request **information to/from the following entity:**

Name or agency to release and receive information: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Authorization to release written and verbal information specified below:

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

And/or: _____

I understand that this form may be used to release information related to mental health treatment, including assessments and lab 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 information.

Patient Signature: _____

Authorizing signature: _____

(If 15 years or older)

Relationship to client: Parent Guardian Other

Witness Signature: _____

Expiration Date: ____/____/____

PROHIBITION ON REDISCLOSURE: The information being disclosed is from protected confidential records. Any further redisclosure is strictly prohibited unless the patient 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 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.