

BIBLICAL COUNSELING CENTER

Authorization for Release of Information

I hereby request and authorize:

BIBLICAL COUNSELING CENTER
825 4th Street West Ste. 1-B Palmetto, FL 34221
Phone 941-729-6600
Fax 941-729-6600
Email hmorgan@truthtransforms.com
Website TRUTHtransforms.com

To RELEASE and/or OBTAIN written or verbal information specified below:

Medical Records shall include but are not limited to (*Check all that apply*):

Psychiatric/Psychological Workups Medical Information Social Data Assessment Information
 HIV/AIDS information Substance Abuse information Other: _____

To and/or From: _____
Name of Person or Agency Requesting or receiving the Information

Address

For the purpose of: Continuity of Care

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 There are other special restrictions which apply to the release of information regarding HIV, abuse reports, etc.

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: _____ Social Security Number of Patient: _____
(mm/dd/yyyy)

_____ <i>Signature of Patient or Guardian</i>	_____ <i>Printed Name of Patient or Guardian</i>	_____ <i>Date (mm/dd/yyyy)</i>	_____ <i>Time</i>
_____ <i>When applicable Signature of Guardian</i>	_____ <i>Printed Name of Guardian</i>	_____ <i>Date (mm/dd/yyyy)</i>	_____ <i>Time</i>
_____ <i>Signature of Witness</i>	_____ <i>Printed Name of Witness</i>	_____ <i>Date (mm/dd/yyyy)</i>	_____ <i>Time</i>

PROHIBITION ON REDISCLOSURE: This information has been disclosed to you from records whose confidentiality is protected. Any further redisclosure is strictly prohibited unless the patient provides specific written consent for the subsequent disclosure of this information (cf. HIPAA 1996). 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.

Any facility or private mental health practitioner who acts in good faith in releasing information pursuant to s. 394.461 5 or other Florida statute is not subject to civil or criminal liability for such release.

See s. 394.4615(t), Florida Statutes
CF-MH 3044, Jan 98 (obsoletes previous editions) Revised for BCC 150809