



Authorization for Release of Medical Information

Patient Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I authorize \_\_\_\_\_ (doctor or facility) to release information that is part of my medical records. This includes alcohol and drug records, mental health records, and information given by me to social workers or psychologists. The following people and/or facilities may receive a copy of my medical records.

Table with 3 columns: Name, Address, Telephone Number. Includes three rows of blank lines for entry.

This information is needed for the following reason(s): \_\_\_\_\_

Please select one of the options below:

\_\_\_ I agree to the release of my complete medical records. This may include records listed above.

\_\_\_ I do not want the following information/records released with my medical records:

- \_\_\_ Alcohol record/info
\_\_\_ Drug record/info
\_\_\_ Mental health record/info
\_\_\_ Report/information from psychologist(s) and/or social worker(s)
\_\_\_ Other. Please list here: \_\_\_\_\_

I understand that I waive the confidential status of my medical records for the purpose(s) stated above. I acknowledge that I have read and understand this form and its content.

Signature of Patient (or guardian, if patient is unable to sign) \_\_\_\_\_ Date \_\_\_\_\_

Relation to patient, if signed by guardian \_\_\_\_\_ Date \_\_\_\_\_

Reason patient is unable to sign \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Prohibition of Rediscovery: The information is being disclosed to you from records whose confidentiality is protected by state laws, specifically Florida Statutes 395.3025, 455.667 and 394.459. State laws prohibit you from any further disclosure of this data without the specific written consent of the person to whom it pertains, or as otherwise permitted by Florida statutes and regulations. A General Authorization is not sufficient for this purpose.

If you require a translation service or assistance with this form, please contact our Member Services department toll free at 1-866-270-2422.