

Pathways of Florida, LLC

AUTHORIZATION FOR DISCLOSURE OF CONFIDENTIAL INFORMATION – GENERAL

_____, DOB _____ SS# _____
(Client Name)

I authorize Pathways of Florida LLC to disclose and/or communicate with:

(Provide Name and Address) _____

The following information: *Note: Draw a line through information not needed.*

Assessments, History and Physical, Treatment Plan, Progress Notes, Lab Results, Discharge Summary and Continuing Care Plan,
Other:

Purpose for the disclosure--be specific: _____

Information will be disclosed in writing and/or verbally. Client initial for FAX approval: _____

I understand that my records are protected under the Federal and State regulations governing the confidentiality and privacy of medical records and protected information under Health Insurance Portability and Accountability Act of 1996 ("HIPAA") 45 C.F.R., Parts 160 and 164 and cannot be disclosed without my written authorization unless otherwise provided for by the regulations. Any release of substance abuse information must be pursuant to 42 C.F.R., Part 2.

I also understand that I may revoke this authorization in writing at any time except to the extent that action has already been taken in reliance on it, and that in any event this authorization expires automatically after one year, unless otherwise stated below:

Date, event or condition of expiration: _____

I understand that generally provision of counseling services may not condition treatment on whether I sign an authorization, but that in certain limited circumstances I may be denied treatment if I do not sign this authorization. I also hereby release Pathways of Florida, LLC from liability which may arise as a result of information disclosed under an authorization, if such information disclosed is later used to my detriment.

Date: _____ Signature: _____
Client or Parent/Legal Guardian Signature

Date: _____ Signature: _____
Clinician's Signature

PROHIBITION ON REDISCLOSURE: This information has been disclosed to you from records whose confidentiality is protected. Any further disclosure is strictly prohibited. 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.