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Authorization to Release, Receive, and/or Exchange Information

RE: _____ **DOB:** _____ **SSN:** _____

Your records, which are property of A New Tomorrow, PLLC and/or any contracted entities thereof, are privileged and confidential. A general medical authorization to release or exchange psychiatric and /or psychological information is invalid according to Florida Statue 394.4615, 490.0147, 397.501.90.503,381.004,394.459 and Federal Regulation 42 CR pa 2, 45 CFR160-164. Your records will not be released without this waiver except under the following circumstances: In the event of a valid emergency, upon receipt of a Court Order, or upon receipt of a request which may be governed by other Florida Statues, such as Worker’s Compensation, etc. When exchanging information in cases where the client is involved in treatment with agencies/professionals to assist in coordinating treatment, this authorization may include verbal as well as written communication (to include the clinical record).

I authorize A New Tomorrow and/or any contracted entities thereof to (circle one):

| | | |
|-------------------------------|----------------------|--------------------|
| Exchange with: | Receive from: | Release to: |
| Name (provider’s name): _____ | | |
| Phone number: _____ | | Email _____ |
| Address: _____ | | City/State: _____ |

The following information: Psychiatric/Psychological Workups,
 History/Physical, Discharge Summary, Lab & X-Ray Records, HIV/AIDs
Records, Legal, Other (please specify): _____
 Ongoing Needs: _____

For the purpose of: Information for Physician/Clinician, Information for
Attorney, Personal Use, Continuity of Care,
 Other (please specify): _____

I have given my consent freely, voluntarily, and without coercion. Re-disclosure of this information without further written permission is prohibited by Federal Regulations, which provide for penalties if violated. This consent will expire upon satisfaction of the need for disclosure, and 90 days past the end of treatment. I can revoke this authorization at any time providing I notify A New Tomorrow or the requesting party on its behalf in writing to that affect. However, such revocation will have no effect on any action previously taken.

| | |
|------------------------------|-------------|
| Client Signature: _____ | Date: _____ |
| Parent/Legal Guardian: _____ | Date: _____ |
| Witness Signature: _____ | Date: _____ |