



Authorization to Obtain or Release Information

Name: \_\_\_\_\_

Date of Birth : \_\_\_\_\_

SSN : XXX-XX-\_\_\_\_\_

I authorize Creekside Psychiatric Center, P.A. and specifically:

5190 Bayou Blvd, #6
Pensacola, FL 32503
Phone: (850) 476-0977
FAX (850) 476-2558

- checkbox R. Scott Benson, M.D.
checkbox Henry H. Dohn, M.D.
checkbox Victor Sherrel, M.D.
checkbox Cheryl P. Knowles, PhD
checkbox Valerie Barber, LCSW
checkbox Helen Kelly Sayre, LMHC
checkbox Wendy DePury, LCSW

to RELEASE REQUEST information to/from the following entity:

Name/Agency: \_\_\_\_\_

Address : \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone : \_\_\_\_\_ FAX : \_\_\_\_\_

Authorization to release written or verbal information specified below:

- checkbox Medical, psychological and mental health evaluations and treatment records, including laboratory reports, substance abuse treatment, Human Immunodeficiency Virus (HIV, AIDS), and illegal abuse records.
checkbox Educational history and evaluation.
checkbox Employment history and job performance.

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

Expiration Date : \_\_\_\_\_

\_\_\_\_\_  
Patient Signature (15 years or older)

\_\_\_\_\_  
Authorizing Signature  
Relationship to Patient checkbox Parent checkbox Guardian checkbox Other

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

PROHIBITION ON REDISCLOSURE: This information has been disclosed to you from records whose confidentiality is protected. Any further redisclosure is strictly prohibited unless the person 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 release of information must be in compliance with the federal HIPAA law and state laws governing such releases. 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.