E.S.P.
Case Management Professionals, Inc

AUTHORIZATION TO RELEASE INFORMATION

I _____ DOB: _____SSN: _____

Authorize (Agency name) _____ may release information by oral, mail, courier or facsimile (fax) transmittal to the following person/agency:

Person of Agency: _____ Association to Agency: ☐ **Therapist** ☐ **Targeted Case Manager**

E.S.P. Case Management Professionals, Inc.
687 Beville Road Unit A
South Daytona, FL 32119
(386) 760-7533 Fax (386) 761-5868

PROHIBITION ON RE-DISCLOSURE: Alcohol and drugs, Mental Health and or HIV, ARC and/or AIDS diagnosis information, if present, has been disclosed from records whose confidentiality is protected by Florida State and Federal law. Federal regulations (42CFR part 2) prohibit making any further disclosure of it without the specific written authorization of the undersigned, or as otherwise permitted by such regulations.

Purpose of disclosures:

☐ Continuity of Care ☐ Social Security ☐ Legal ☐Other (specify) _____

Information to be disclosed (check all that apply:

☐ Service Plan/Review
☐ Inpatient Record (Hospital usage only)
☐ Medication Record
☐ School records (School usage only)
☐ Treatment Plan/Review
☐ Initial Assessment (Mental Health Provider only)
(Therapy Notes are excluded)
(Progress Notes are excluded)
☐ Other (specify) _____

Authorization Statement and Signature: I understand that this form may be used to release information related to mental health treatment. I further understand that the information disclosed may include psychiatric, drug/alcohol abuse and/or HIV data. 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. If I do not revoke this authorization, it will automatically expire one year from the date of signature unless otherwise noted below.

_____	_____	_____
Signature of Client	Print Client's Name	Date
_____	_____	_____
Signature of Parent/Legal Guardian/Legal Power of Attorney	Print Parent/Legal Guardian/Legal Power of Attorney	Date

CONFIDENTIALITY STATEMENT: The information contained in this facsimile is privileged and confidential information intended only for the use of the individual or entity named as recipient. If the reader is not the intended recipient, please be notified any dissemination, distribution, or copy of this communication is strictly prohibited. If you have received this communication in error, please do not disclose this communication to any other person. Please notify us immediately by telephone and return the original to us at the address indicated above.