

Coastal Mental Health Center

Orange City
300 Treemont Drive
Orange City, FL 32763

Daytona
801 Beville Rd Ste 202A
South Daytona, FL 32119

Orlando
1320 N Semoran Blvd Ste 107
Orlando, FL 32807

Saint Cloud
2900 17th Street Ste 3
Saint Cloud, FL 34769

Palm Bay
5200 Babcock St NE Ste 105
Palm Bay, FL 32905

Rockledge
1260 Rockledge Blvd Unit 202
Rockledge, FL 32955

Leesburg
120 East North Blvd
Leesburg, FL 34748

Sanford
520 W Lake Mary Blvd, Ste 204
Sanford, FL 32773

GENERAL AFFIDAVIT

Patient Name: _____

Guardian Name: _____

Coastal Mental Health Center will provide medical records upon request complying with HIPPA medical release form on file per patient. Coastal Mental Health Center professional and administrative staff will not be accessible to appear in court proceedings pertaining to the patient and/or provide psychotherapy notes. Arrangements can be made accordingly at the time of event, if needed a letter from our facilities will be provided.

Patient (patient guardian) _____, makes this his/her statement and General Affidavit upon affirmation of belief and personal knowledge that the following matters, facts and things set forth are true and correct to the best of his/her knowledge:

1. Are you involved in any court cases? Yes No

2. If so please give details:

3. Are you currently seeking treatment court ordered? Yes No

4. If so please give details:

Patient Signature: _____ Date: _____

Physician: _____ Date: _____

Witness: _____ Date: _____

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