

Coastal Mental Health Center, Inc.

Jacksonville
8382 Baymeadows Road
Suite 7
Jacksonville, FL 32256

Leesburg
8136 Centralia CT
Suite 101
Leesburg, FL 34788

Orange City
300 Treemont Drive
Orange City, FL 32763

Sanford
101 Bellagio Circle
Sanford, FL 32771

Orlando
1320 N. Semoran Blvd
Suite 107
Orlando, FL 32807

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

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

Palm Bay
5200 Babcock Street NE
Suite 105
Palm Bay, FL 32905

Rockledge
1282 Rockledge Blvd
Suite 2
Rockledge, FL 32955

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: _____

www.coastalmhc.com * (P) 800-614-4124 * (F) 888-217-4124

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