HISPANIC FAMILY COUNSELING, INC.
Orange/Seminole/Osceola/Brevard/Lake
Main Office: 6900 S. Orange Blossom Trail, Suite 402 • Orlando, FL 32809
Phone (407) 382-9079 • Fax (407) 964-1274
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RECORD #

CONSENT TO RELEASE INFORMATION

Client Name: _____ Date of Birth: _____

I authorize: **HISPANIC FAMILY COUNSELING, INC.**
6900 S. Orange Blossom Trail, Suite 402
Orlando, FL 32809

To exchange confidential information concerning the above-named client with the following:

Agency/Contact: _____

Mailing Address: _____

City, State, Zip: _____

Phone/Fax: _____

Email: _____

I authorize: Informal communication regarding all client information between both parties.

AND/OR

☐ Copies of the following documents to be mailed/faxed to the agency listed above
☐ Copies of the following documents to be mailed/faxed to Hispanic Family Counseling
☐ Limited verbal communication (no copies) related only to the following records
☐ Completion of forms/documents as requested by another agency or service: _____

Check which documents are authorized to be released:

☐ Bio-Psychosocial Evaluation	☐ Psychiatric Evaluation	☐ Report Cards/Transcripts
☐ Licensed Evaluation	☐ Medication Management	☐ Behavioral Program
☐ Treatment Plan/Reviews	☐ Medical History & Physical	☐ Individual Education Plan
☐ Progress Summary Discharge	☐ Immunization Record Lab	☐ Other: _____
☐ Review	☐ Results	☐ Other: _____

Purpose of Release:

☐ Assessment ☐ Treatment Coordination ☐ Other, specify: _____

☐ Notification of compliance with court-ordered treatment (e.g., DCF, DJJ)

- I understand that I may refuse to sign this Authorization and that my refusal to sign will not affect my ability to obtain treatment from Hispanic Family Counseling.
- I understand that if I am court-ordered into treatment and refuse to allow Hispanic Family Counseling to share information with those responsible for monitoring my compliance with mandated treatment, this may result in negative consequences imposed by the court.
- I understand that I may revoke this authorization in writing at any time, however I cannot revoke authorization for action that has already been taken.
- A copy of this release shall be valid as the original.

THIS CONSENT EXPIRES 1 YEAR FROM THE DATE SIGNED UNLESS OTHERWISE SPECIFIED.

_____ _____

Client/Legal Guardian Signature Date