

## Child & Adolescent Psych Solutions, LLC

5454 Lena Road, Suite 106  
Bradenton, FL 34211  
(941) 500-9055  
Childpsychsolutions.com

### AUTHORIZATION TO RELEASE INFORMATION

I, (name of Parent/Guardian) \_\_\_\_\_, hereby authorize Noelle C. DeLaCruz, Psy.D. of Child & Adolescent Psych Solutions, LLC (herein after "Provider"), to **disclose** \_\_\_\_\_ and/or **receive** \_\_\_\_\_ assessment findings, treatment information, and records of (name of Child): \_\_\_\_\_ (herein after "Client"), DOB: \_\_\_\_\_, with:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

I understand that I have a right to receive a copy of this authorization. I understand that any cancellation or modification of this authorization must be in writing. I understand that I have the right to revoke this authorization at any time unless Provider has taken action in reliance upon it. And, I also understand that such revocation must be in writing and received by Provider Noelle C. DeLaCruz, Psy.D., of Child & Adolescent Psych Solutions, LLC at the following address in order to be effective:

5454 Lena Road, Suite 106  
Bradenton, FL 34211

This disclosure of information and records authorized by Client is required for the following purpose: \_\_\_\_\_

The specific uses and limitations of the types of medical information to be discussed are as follows (be as specific as you choose to): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Such disclosure shall be limited to the following specific types of information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Provider shall not condition treatment upon the signing this authorization and the Parent/Guardian has the right to refuse to sign this form.

Parent/Guardian \_\_\_\_\_ understands that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by the HIPPA Privacy Rule, although applicable Florida law may protect such information. This authorization shall remain valid until: \_\_\_\_\_ .

Parent/Guardian Signature: \_\_\_\_\_

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

Witness Signature: \_\_\_\_\_

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