**RELEASE OF INFORMATION AUTHORIZATON**

I, the undersigned, authorize **Casa Valentina Inc**., to obtain and review copies of my records from and to have two way written and verbal communications with my medical and mental health provider. I acknowledge that these records/communications may contain confidential information, including HIV or AIDS related conditions, Drug and/or Alcohol Abuse, Sexually Transmitted Diseases and/or Psychiatric information.

**Information to be obtained from** [ ]  **CFCN** [ ]  **CFCE** [ ] **CHS** [ ]  **FRC** [ ]  **OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Client’s Full Name:       | Agency:       |
| Date of Birth:       | Medical Provider:       |
| Social Security #:       | Address:       |
| Telephone:       | City & State:       |
| Gender:       | Zip Code:       |
| Dates of Service/Treatment:       | Telephone:       |

|  |  |  |
| --- | --- | --- |
| **Mail to:**[ ]  **Casa Valentina, Inc.**2103 Coral Way,  2nd  Floor, Miami, Florida 33145Phone # (305) 444-0740 | **Fax to:**[ ]  305-675-2807 | **Email to:**Alexis Adamsaadams@casavalentina.orgJanelle Salesjsales@casavalentina.org |

**Purpose of Disclosure**:

[ ]  Continuity of transitional support

**Check the appropriate type of information to be released to Casa Valentina:**

[ ]  Transitional Plan

[ ]  Ansell Casey

[ ]  Discharge/Transfer Summaries from Residential/Group Placements

[ ]  Discharge/Transfer Summaries from Psychiatric or DJJ Placements

[ ]  Psychological/Psychiatric Evaluation

[ ]  Substance Abuse Evaluation

[ ]  Results of Urine Drug and Pregnancy Screens

[ ]  History/Physical

|  |  |
| --- | --- |
| [ ]  Other:  |       |

* I have been informed that there may be benefits or disadvantages to releasing this information.
* I have a right to refuse this authorization.
* Casa Valentina, Inc., is released from all legal liability that may arise from obtaining the above information.

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Client Signature Date Legal Guardian’s Signature

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

Relationship to Client Date