**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 Adams  [aadams@casavalentina.org](mailto:aadams@casavalentina.org)  Janelle Sales  [jsales@casavalentina.org](mailto:jsales@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.

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

Client Signature Date Legal Guardian’s Signature

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

Relationship to Client Date