

Sheryl M. Hakala, M.D., P.A.

815 South Rome Avenue,
Tampa, Florida 33606
Phone: (813) 503-7404



Authorization for Release of Information

I hereby request and authorize:

Name of Person(s) or Agency Requesting the Information

Address

To release written or verbal information specified below:

_____ Verbal communication regarding treatment, labs, evaluations, progress notes _____

To: *Sheryl M. Hakala, M.D., P.A.*
815 South Rome Avenue, Tampa, FL 33606, (813) 503-7404

For the purpose of: _____ Clinical Treatment _____

I understand that this form may be used to release information related to mental health treatment, including assessments and lab reports. Any release of substance abuse information must be pursuant to 42 CFR. There are other special restrictions which apply to the release of information regarding HIV, abuse reports, etc.

I understand that I have the right to refuse to sign this Authorization or to rescind my consent at any time prior to the release of the information:

| | | | |
|---|--|------------------------|--------------------|
| _____ Expiration Date | _____ Name and Social Security Number of Person | | |
| _____ Signature of Competent Adult | _____ Printed Name of Competent Adult | ____/____/____ Date | ____ am pm Time |
| _____ When applicable, Signature of | _____ Printed Name of Substitute Decision Maker | ____/____/____ Date | ____ am pm Time |
| <input type="checkbox"/> Guardian, <input type="checkbox"/> Guardian Advocate, <input type="checkbox"/> Health Care Surrogate/Proxy or <input type="checkbox"/> Personal Representative/Equivalent (if deceased) | | | |
| _____ Signature of Witness | _____ Printed Name of Witness | ____/____/____ Date | ____ am pm Time |

PROHIBITION ON REDISCLOSURE: This information has been disclosed to you from records whose confidentiality is protected. Any further re-disclosure is strictly prohibited unless the person provides specific written consent for the subsequent disclosure of this information. Florida Law requires that any person, agency, or entity receiving information shall maintain such information as confidential and exempt from the provisions of the public records law.

Any facility or private mental health practitioner who acts in good faith in releasing information pursuant to s.394.4615 or other Florida statute is not subject to civil or criminal liability for such release. Such release must be in compliance with the federal HIPAA law.

CF-MH 3044, Feb 05 (obsoletes previous editions) (Recommended Form)