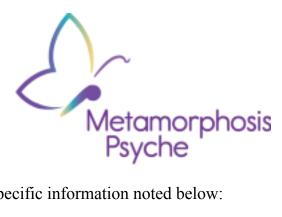


AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

I understand that Florida law requires each client's consent for the release of confidential information related to mental health or developmental disability. With this understanding, I hereby waive any right to confidentiality arising under Florida law and authorize release of records of information, but only to the extent specified below.

Ĭ	(client/guardian), authorize Metamorphosis
Psyche, LLC to disclose/exchange mental h	(client/guardian), authorize Metamorphosis ealth information and records obtained during the course
	mited to, the psychiatric provider's diagnosis (es).
Provide the person and/or organization	n's name and address:
Name/Organization:	
	Fax:
Address:	
City/State/Zip:	
I authorize Metamorphosis Psyche , LL concerning myself or my child:	C to release and/or receive the following information
 Policy/Procedures Patient Registration Intake Screening Screening Tools Diagnosis (es) Psychiatric Evaluation (s) 	 Hospital Records Discharge Summaries Dates of Treatment Service Academic Records Other (specify)
F/U Psychiatric Evaluation(s) Treatment SummaryMedical History	 Verbal Communication



I wish for disclosures to limit specific information noted below:	
This information may be used or disclosed in connect healthcare operations for the purpose of:	tion with mental health treatment, payment, or
 Evaluation/assessment and/or coordinating Other (specify)	
This consent will automatically expire one (1) year a the following earlier date, condition, or event	fter date of my signature as it appears below, or on
Redisclosure: I understand that there is the potential that the protect this authorization may be redisclosed by the recipient longer be protected by the HIPAA privacy regulation HIPAA and provides additional privacy protections.	t and the protected health information will no
I understand that I have the right to refuse to sign this time by notifying Metamorphosis Psyche , LLC in whas already been released).	· · · · · · · · · · · · · · · · · · ·
Check here if client/guardian refuses to sign	authorization
Client/Legal Guardian Signature	Date
Client/Legal Guardian Printed Name	Date