RE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SS #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent to Release or Receive Information**

Your records, which are held in custody by the **Next Step Solutions of Tampa Bay, L.L.C.** are privileged and confidential. A general medical authorization to release psychiatric and/or psychological information is invalid according to **Florida Statues** 90.503, 90.242 and **Federal Regulation** 42 CFR, Part 2. Your records will not be released without this waiver except under the following circumstances: (1) in the event of emergency, (2) upon receipt of court order, (3) upon receipt of a request which may be governed by other **Florida Statutes**, such as Worker’s Compensation, etc.

I authorize the **G4S Next Step Solutions of Tampa Bay, L.L.C.** to **Circle One:** (receive from) (release to) (exchange with):

Name of person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Organization/Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address and/or Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

The following information:

( ) Treatment attendance records ( ) Evaluation ( ) Drug/Alcohol Abuse

( ) Psychiatric/Psychological Workups ( ) Discharge Summary ( ) Monthly Progress

( ) Monthly Progress Reports ( ) Weekly Progress Notes ( ) History

( ) Other: **Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Purpose or need for the information: Assessment, Treatment, and Case Management

I have given my consent freely, voluntarily, and without coercion. Redisclosure of this information without my further written permission is strictly prohibited by Federal Regulations that provide penalties if violated.

This consent will expire 365 days from date of signature, or at the close of treatment (whichever is sooner). I may revoke this authorization at any time providing I notify **Next Step Solutions of Tampa Bay, L.L.C.** such revocation will have no effect on any action previously taken.

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

 (Date) (Legal Guardian Signature)

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

 (Date) (Client Signature)

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

 (Date) (Witness)