

**BOCA RATON PSYCHIATRIC GROUP, P.A.**  
**7100 W. CAMINO REAL STE 401, BOCA RATON, FL 33433**  
**OFFICE (561) 368-8998 FAX (561) 392-9170**

**EXCHANGE / RELEASE OF INFORMATION**

**PATIENT NAME** \_\_\_\_\_  
**D.O.B.** \_\_\_\_\_

***I AUTHORIZE THE RELEASE OF INFORMATION***

\_\_\_ **FROM** BOCA RATON PSYCHIATRIC GROUP TO THE ENTITY LISTED BELOW (RELEASE OF INFORMATION)

\_\_\_ **TO** BOCA RATON PSYCHIATRIC GROUP FROM THE ENTITY LISTED BELOW (REQUEST OF INFORMATION)

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

I UNDERSTAND THAT THIS AUTHORIZATION RELEASES MY GENERAL, MEDICAL, INFORMATION AS WELL AS INFORMATION CONCERNING MY PSYCHIATRIC TREATMENT. I ALSO UNDERSTAND THAT IF MY MEDICAL INFORMATION CONTAINS TREATMENT NOTES, PSYCHOTHERAPY NOTES, DIAGNOSIS AND/OR TEST RESULTS OF **ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)**, **HIV** AND/OR RELATED CONDITIONS, AND/OR SUBSTANCE ABUSE, THESE MEDICAL RECORDS SHALL ALSO BE RELEASED, AND THAT RELEASE MAY INCLUDE TRANSMISSION VIA FAX.

I ALSO UNDERSTAND THAT I HAVE THE RIGHT TO REVOKE MY CONSENT AT ANY TIME BY DELIVERY OF WRITTEN NOTICE TO THE PROVIDER RELEASING THE INFORMATION. CANCELLATION WILL BE EFFECTIVE UPON THE DATE THE NOTICE IS RECEIVED BY PROVIDER BUT WILL EXCLUDE INFORMATION ALREADY FURNISHED TO THE RECIPIENT BEFORE THE DATE. IN THE ABSENCE OF MY WRITTEN NOTICE, THIS CONSENT SHALL BE REVOKED AUTOMATICALLY ONE YEAR AFTER THE DATE OF CONSENT AS IT APPEARS BELOW.

\_\_\_\_\_  
 SIGNATURE OF PATIENT OR LEGAL REPRESENTATIVE DATE

\_\_\_\_\_  
 RELATIONSHIP TO PATIENT (IF LEGAL REPRESENTATIVE) DATE

\_\_\_\_\_  
 SIGNATURE OF WITNESS DATE

TO RECIPIENT OF INFORMATION: THIS INFORMATION IS DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY FEDERAL LAW. FEDERAL REGULATIONS, CRF PART 2 AND FLORIDA STATUTES PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURE OF IT WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS. BOCA RATON PSYCHIATRIC GROUP IS NOT LIABLE FOR FURTHER DISCLOSURE.

**MAIL RECORDS** \_\_\_\_\_  
 DATE / INITIALS

**FILE IN CHART ONLY** \_\_\_\_\_  
 DATE / INITIALS

**FAX RECORDS** \_\_\_\_\_  
 DATE / INITIALS

**FAX OR MAIL REQUEST** \_\_\_\_\_  
 DATE / INITIALS