**PRIMARY CARE PHYSICIAN**

**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**

This form will allow your Behavioral Health Provider to share protected health information with your Primary Care Physician. This information will not be released without your signed authorization. This protected health information may include diagnosis, treatment plan, progress, lab reports, and medication if necessary. You are not required to complete this authorization form.

I hereby authorize:

GREATER ORLANDO PSYCHIATRIC ASSOCIATES, P.A. 1417 N. SEMORAN BLVD SUITE 203 ORLANDO, FL 32807 PHONE: (407) 206-1106 FAX: (407) 206-1112

To release confidential protected health information, including personal, psychological, psychiatric, substance abuse, AIDS-related information, medical records, and opinions resulting from my contact with them for the purpose of providing coordination and continuity of care, to:

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

Primary Care Physician

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

Address

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

City/State/Zip

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

Phone Fax

I understand that this consent is revocable upon written notice to the facility, except to the extent that action has already been taken by the facility pursuant to this authorization. This consent shall remain in force for twelve months.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ Patient Name (Please Print) Patient Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ Signature - Patient, Custodial Parent, Date Signed

Custodial Guardian, or Power of Attorney

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ Witness Date Signed