

Case Name: _____

Irene M. Toto
CEO



Don Martin
Board Chair

Consent to Obtain or Release Confidential Information

Name of the Individual/Child whom information will be obtained/released:

Date of Birth: _____ Social Security Number: _____

I do hereby authorize Kids First of Florida, Inc. (KFF) to either (check one):

Obtain OR Release information checked below from my records, or those of my child, or the individual for whom I am legal guardian.

- | | |
|---|--|
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Academic Records and Plans |
| <input type="checkbox"/> Progress Notes/Summaries/Reports | <input type="checkbox"/> Treatment Plans/Discharge Summaries |
| <input type="checkbox"/> Laboratory Records/Reports | <input type="checkbox"/> Employment Records |
| <input type="checkbox"/> Feedback Forms | <input type="checkbox"/> Mental Health/Psychological Records |
| <input type="checkbox"/> Substance Abuse Information | <input type="checkbox"/> Assessments/Evaluations |
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Attendance Records |
| <input type="checkbox"/> Other (please specify): _____ | |
| <input type="checkbox"/> Other (please specify): _____ | |

Name and address or fax # of the individual or position and organization from which information is to be obtained or released:

Purpose of Information: _____

Please Return Information To (provide name, address, phone # and fax #):

I understand the following: 1) I may revoke this authorization at any time by sending a written request stating such to KFF. 2) Treatment, payment, enrollment, or eligibility for benefits and services may or may not be contingent upon completion of this authorization. For example, KFF may not be able to refer me to needed services without completion of this authorization. 3) There is a potential for information disclosed via this authorization to be subject to re-disclosure by the recipient and no longer protected by federal code. If I need more information on re-disclosure, I will review KFF's Notice of Privacy Practices, prior to signing this authorization.

Signature of Individual/Parent or Guardian

Date

Witness

Date

This release is effective from date of signature and is valid for a period of: one year for ongoing services provision; up to 90 days for a one time release of information, or as the law or court order requires.

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Because every child deserves a loving home!

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