

SOCIAL CARE SERVICES, LLC
8833 PERIMETER PARK, SUITE 201, JACKSONVILLE, FL 32216
PHONE: 904-294-5329 FAX: 904-485-8460
RELEASE OF INFORMATION

I authorize Social Care Services

Address 8833 Perimeter Park Blvd, Suite 201, Jacksonville, FL 32216

To release: All records Other: _____

REGARDING:	Patient/Client	Date of Birth
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Send
Records To: _____

FAX: _____

For the
purpose of: Continuity of Care Other: _____

This consent will expire of the following date, event, or condition: _____

I understand that if I fail to specify an expiration date or condition, this authorization is valid for the period of time needed to fulfill its purpose for up to one year. Understand that I may revoke this authorization at any time and will be asked to do so in writing.

I understand these records are protected under Federal and State regulations and cannot be disclosed without my written consent unless otherwise provided for in the Regulations. The individual or agency to which the information is being sent is prevented from redisclosing this information to another party. I understand that if my records contain information about HIV infection, AIDS or AIDS related conditions, alcohol abuse, drug abuse, psychological or psychiatric conditions, or genetic testing, this disclosure will include that information.

Signing this authorization allows both parties to share information for the provision of services. I have the right to inspect and copy the information to be disclosed. Revoking this consent will have no effect on prior disclosures made before withdrawal of consent.

SIGNATURES:

Patient or Guardian

Date

Social Care Services

Date

Authorization Revoked

Date