Curative Care Center
Health Care Clinic
7455 S US HWY 1 TITUSVILLE, FL 32780
321-508-0999
FAX: 321-507-4715

Authorization to Release Information

Please check those for which release of information is granted. This release must be signed in all three designated areas.

Client Name:_____**DOB:**_____ **SSN:** _____-_____-_____

Address:_____ **Phone Number:**_____

☐ ADAP	☐ SOCIAL SECURITY ADMINISTRATION	☐ SOUTH TITUSVILLE MEDICAL CENTER
☐ EAST COAST PHARMACY	☐ _____COUNTY HEALTH DEPT	☐ ANGELS PHARMACY
☐ _____	☐ _____	☐ _____

Authorization to Release Information

I hereby authorize the release of information contained in my client file, which is necessary pursuant to business with the service provider(s) checked above. I understand that such information will be used for the purpose of providing services through CURATIVE CARE CENTER. I hereby authorize all blood work results, physician/provider notes related to treatment adherence and case management services.

Client or Parent/Guardian Signature Relationship Date

Authorization to Exchange Information

I hereby authorize the service provider(s) checked above to release information contained in my client file to CURATIVE CARE CENTER. I understand that by signing this consent, I absolve the releasing party from liability related to release of information obtained on this form. This release is valid for a year from the date signed. I understand I have the right to withdraw this release by providing such request in writing.

Client or Parent/Guardian Signature Relationship Date

Specific Authorization for release of Mental Health Information and/or Substance Abuse information and/or HIV/AIDS Information

I acknowledge that data to be released MAY INCLUDE material that is protected by Federal Law and that is acceptable to either Mental Health Information, or Drug/Alcohol Abuse, or HIV/AIDS status. My signature authorizes of all information.

Client or Parent/Guardian Signature Relationship Date

Witness Signature Date

Note: This release must be signed in all three designated areas. This release is valid for one year from the date signed, unless the release is revoked by the client in writing to Curative Care Center.

Federal Regulation (42CRF.Part2) prohibits making further disclosures of this information without specific written consent of the person to whom it pertains or if that person is a minor, their parent or guardian.

10/2020