THE CENTER FOR SEXUAL HEALTH AND FAMILY COUNSELING OF ORLANDO, LLC

DBA Empowerment Counseling Center
Web page: www.cshfcorlando.com email: DrArnyOlivera@securedraft.com
Arnaldo Luis Olivera II, Ph.D., LMFT, CCS
Licensed Marriage and Family Therapist
Florida License: MT #3175
Board Certified Clinical Sexologist Certification # 2958
Individual, Couple and Family Therapy
1260 Palmetto Avenue Suite F
Winter Park, FL 32789
Phone (407) 775-2949 Fax (844) 410-8878

HEALTH CARE COORDINATION FORM

Re: _____, identified patient/patient(s) has been seen at The Center for Sexual Health and Family Counseling of Orlando, LLC. We are requesting information from you at this time and would like to have this release of information in your records so that our treatment efforts can be coordinated as necessary. Please contact us at the Winter Park office (407) 775-2949 if additional information is needed.

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Patient/Patient Name: _____ Date of Birth: _____

Social Security Number _____

_____ **I hereby refuse to give authorization for any release of information**

Authorization to release medical, mental health, psychiatric, alcohol/substance abuse information and/or school records**

I authorize Arnaldo Luis Olivera II, Ph.D., LMFT, CCS, to:

( ) Speak with:_____
( ) Release my records to:_____
( ) Release my child's records to:_____
( ) Obtain records from:_____
( ) Write a letter to:_____

Disclosure may include the following verbal or written information: (check all that apply)
___Face sheet ___History & physical ___Laboratory/diagnostic testing results ___School information
___Discharge summary ___Medication records ___Behavioral health/psychological consult
___Psychological evaluation/testing results ___ER record report ___Psychiatric evaluation ___Psychosocial assessment ___Substance abuse treatment record
___Summary of treatment records & contact dates ____Other:_____

THE CENTER FOR SEXUAL HEALTH AND FAMILY COUNSELING OF ORLANDO, LLC

DBA Empowerment Counseling Center
Web page: www.cshfcorlando.com email: DrArnyOlivera@securedraft.com
Arnaldo Luis Olivera II, Ph.D., LMFT, CCS
Licensed Marriage and Family Therapist
Florida License: MT #3175
Board Certified Clinical Sexologist Certification # 2958
Individual, Couple and Family Therapy
1260 Palmetto Avenue Suite F
Winter Park, FL 32789
Phone (407) 775-2949 Fax (844) 410-8878

Additional information:

_____
_____
_____
_____

_____ _____
Signature of Patient or Authorized Representative **Date**

_____ _____
Signature of Patient or Legal Guardian: **Date**

_____ _____
Witness **Date**

** School records might include Academic Reports, Behavioral Observations, Testing and Psychosocial Assessments/History, Disciplinary Issues

I understand authorizing the disclosure of information between my treatment providers is voluntary. This authorization becomes effective on the date signed and may be revoked by me at any time, which must be done so in writing. If not earlier revoked, this authorization shall terminate automatically one year from today's date. I understand that revocation will not apply to information that has already been released in response to this authorization. I understand that the information authorized by this release will be provided to the authorized recipients only and that these recipients are prohibited from further disclosure without my specific written consent. The information to be released may include my medical and psychiatric history, current condition, test results, diagnosis, medication and treatment plan. I further understand that I have a right to receive a copy of this authorization upon my request.