

### AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

A general medical authorization or subpoena duces tecum, without specific patient authorization to release psychiatric/psychological information must have this waiver from the patient or empowered representative.

I hereby give **permission FOR:**

Physician, Clinic, or Hospital:

Address:

City:  State  ZIP:

Telephone:  Fax Number:

**To disclose** medical, psychiatric, HIV diagnosis and treatment, alcohol and/or drug abuse information or any other records of a sensitive nature **TO:**

**Barry M. Rodwick, M. D.**  
 2349 Sunset Point Road, suite 405  
 Clearwater, FL 33765  
 (727) 216-6193; secure fax (727) 216-4992

For the purpose of the following service: CONTINUITY OF CARE

#### THE SPECIFIC INFORMATION TO BE DISCLOSED IS:

- HIV testing, AIDS diagnosis may be released (initial here) \_\_\_\_\_ by copies of records, viewing of records, or verbal exchange.
- History, Physical, Lab/Diagnostic Testing  Discharge/Course of Treatment Summary
- Psychiatric/Psychological Evaluations  Alcohol/Drug Abuse Diagnosis and Treatment
- Other (explain):

This authorization will be valid for (check one):  3 months  6 months  One year (max) From: \_\_\_\_\_ To: \_\_\_\_\_

I hereby release Barry M. Rodwick, M.D. from liability which may arise as a result of the use of information disclosed by this authorization, should it be presumed that such information is later used to my detriment. I understand that by state and federal laws, only the above specific information can be released to the above specified individual/agency and that I may revoke this authorization at any time, in writing, but revocation has no effect on action already taken as a result of this authorization.

Name:  Birth Date:  SSN:

**SIGNATURE:**  Date:

Guardian Signature:  Date:

Witness Signature:  Date:

- minors are required to sign along with a legal guardian/custodian -  
 - legal guardianship/custody must be substantiated with legal documentation accompanying this authorization -

INFORMATION RELEASED by: \_\_\_\_\_ Date: \_\_\_\_\_

INFORMATION RELEASED if different from above: \_\_\_\_\_