



9141 Cypress Green Dr. Ste. 2
 Jacksonville, FL 32256
 Phone: (904) 647-1849
 Fax: (904) 647-2625

Records Release Consent Form

1. I, _____ the parent/legal guardian of _____
(parent/legal guardian name) *(Patient Name, and DOB)*
 am completing this form to allow the use and sharing of my child's protected health information.

2. I authorize the clinicians with Bloom Behavioral Solutions, Inc. who are serving my family and child to share information regarding my child's treatment and service provision with the below noted individuals and/or organizations:

List below the individuals and/or organizations with which you authorize the sharing of information. Please be sure to provide contact information and complete address for each individual or organization.

Name		Organization	
Address			
Phone Number		Fax Number	

Name		Organization	
Address			
Phone Number		Fax Number	

Name		Organization	
Address			
Phone Number		Fax Number	

3. The information will be used/disclosed for the following purposes (ex: continuity of care, custody hearing, etc.)

4. I understand and agree that this authorization will be valid during the time my child is receiving treatment through Bloom Behavioral Solutions, Inc. or during the time span noted here: _____

5. I understand that I can revoke or cancel this authorization at any time by sending a letter to **Rebekah Wotton** or **Genevieve Covington** at Bloom Behavioral Solutions via email (newpatient@bloom-behavioral-solutions.com) or via mail to **9141 Cypress Green Dr. Ste, 2, Jacksonville, FL 32256**. If I do this, it will prevent any disclosures after the date it is received but cannot change the fact that information may have been sent or shared before that date.

6. I understand that I do not have to sign this authorization and that my refusal to sign will not affect my child's access to treatment through Bloom Behavioral Solutions, Inc.

7. I understand that I may inspect and have a copy of the health information described in this authorization.

Parent or legal guardian printed name

Parent or legal guardian signature

Date