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RE: _____ **DOB:** _____ **SSN:** _____

AUTHORIZATION TO RELEASE, RECEIVE, OR EXCHANGE INFORMATION

Your records, which are property of Barb LoFrisco, PhD., are privileged and confidential. A signed authorization to release or exchange psychiatric and/or psychological information is valid according to Florida Statutes 394.4615, 490.0147, 397.501, 90.503, 381.004, 394.459 and Federal Regulation 42 CFR, Part 2.; 45 CFR 160-164. Your records will not be released without this waiver except under the following circumstances: In the event of a valid emergency, upon receipt of a Court Order, allegations of elder or child abuse, or upon receipt of a request which may be governed by other Florida Statutes, such as Worker's Compensation, etc. When exchanging information in cases where the client is involved in treatment with other agencies and professionals this authorization may include verbal as well as written communication (to include clinical records). Please keep in mind that it is your responsibility to specify any information you do not want released.

CIRCLE ONE

I authorize Barb LoFrisco, PhD to: EXCHANGE WITH: : RELEASE TO:
(NAME) _____ (PHONE NUMBER) _____

(ADDRESS) _____ (CITY/STATE) _____ (ZIP) _____

THE FOLLOWING INFORMATION: () Clinical impressions and summary of interventions
() Other (Please specify): _____

FOR THE PURPOSE OF: () Treatment Planning () Information for Physician
() Information for Attorney
() Other (Please specify): _____

I have given my consent freely, voluntarily, and without coercion. Re-disclosure of this information without further written permission is prohibited by Federal Regulations, which provide for penalties if violated.

This consent will expire upon satisfaction of the need for disclosure; and 90 days past the end of treatment when Exchanging Information; and not to exceed 1 year after the date signed for Release of Information. I may revoke this authorization at any time providing I notify Barb LoFrisco PhD, in writing to that effect. However, such revocation will have no effect on any action previously taken.

PRINT NAME: _____

CLIENT SIGNATURE: _____ DATE: _____