

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I authorize: Adapt Behavioral Services

Orange/Seminole/Lake  
225 S. Swoope Ave. #211  
Maitland, FL 32751  
(407) 622-0444  
(407) 699-0444 fax

Osceola/Polk  
3483 W. Vine St.  
Kissimmee, FL 34741  
(407) 928-0444  
(407) 518-0808 fax

Volusia/Flagler/St. Johns  
533 N. Nova Rd. #204  
Ormond Beach, FL 32174  
(386) 898-5003  
(386) 675-6490 fax

to exchange confidential information concerning the above-named client with the following:

Agency/Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**I authorize:**

Informal communication regarding all client information between both parties.

**AND/OR**

Copies of the following documents to be mailed/faxed to the agency listed above

Copies of the following documents to be mailed/faxed to Adapt Behavioral Services

Limited verbal communication (no copies) related only to the following records

**(Check which documents are authorized to be released)**

Bio-Psychosocial Evaluation

Psychiatric Evaluation

Report Cards/Transcripts

Licensed Evaluation

Medication Management

Behavioral Program

Treatment Plan/Reviews

Medical History & Physical

Individual Education Plan

Progress Summary

Immunization Record

Other: \_\_\_\_\_

Discharge Review

Lab Results

Other: \_\_\_\_\_

**Purpose of Release:**

Assessment       Treatment Coordination       Other, specify: \_\_\_\_\_

Notification of compliance with court-ordered treatment (e.g., DCF, DJJ)

- I understand that I may refuse to sign this Authorization and that my refusal to sign will not affect my ability to obtain treatment from Adapt Behavioral Services.
- I understand that if I am court-ordered into treatment and refuse to allow Adapt Behavioral Services to share information with those responsible for monitoring my compliance with mandated treatment, this may result in negative consequences imposed by the court.
- I understand that I may revoke this authorization in writing at any time, however I cannot revoke authorization for action that has already been taken.
- A copy of this release shall be valid as the original.

**THIS CONSENT EXPIRES 1 YEAR FROM THE DATE SIGNED UNLESS OTHERWISE SPECIFIED.**

\_\_\_\_\_  
Client/Legal Guardian Signature

\_\_\_\_\_  
Date