



CLIENT CONSENT TO FAX CONFIDENTIAL INFORMATION

Florida law requires that information contained in medical records be held in strict confidence and not be released without your written authorization. You must give specific written authorization to release certain types of sensitive medical information. The Florida Department of Health may fax confidential medical information to a provider or receive faxed information that was requested from a provider with your permission. Faxing such information is voluntary. You will not be denied services based on a refusal to allow your confidential information to be faxed.

Steps will be taken to make sure your information arrives safely, but faxes can be misdirected.

I, _____, do hereby authorize: _____
(name of client/legal representative) (Agency or Individual in possession of the record)

Address (street, city, state) of agency/individual with record

to fax the following information: (initial by any or all that apply)

- a. STD records b. TB records c. HIV/AIDS records
d. Drug/alcohol treatment records e. Psychiatric/psychological information/records
f. Adult and child abuse information g. Other (specify)

This information will be faxed to:

Provider Name (fax recipient)
Contact Person
Provider Phone Number
Provider Fax Number

Signature of Client or Legal Representative Date Witness

Legal Representative's Relationship to the Client

USE THIS SPACE ONLY IF CLIENT WITHDRAWS CONSENT
Date Consent Revoked Signature of Client or Legal Representative
Witness Legal Representative's Relationship to Client

Client Name
ID Number
Date of Birth