

*Sheryl M. Hakala, M.D., P.A.*

815 S Rome Ave, Tampa FL 33606  
(813) 503-7404

**Authorization for Release of Information**

I hereby request and authorize:

**Sheryl M. Hakala, M.D., P.A.**  
815 S Rome Ave., Tampa, Florida 33606  
(813) 503-7404

to release written or verbal information specified below: \_\_\_\_\_ verbal communication regarding treatment, labs, brief notes

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To: \_\_\_\_\_

Name of Person(s) or Agency Requesting the Information

Address

For the purpose of: \_\_\_\_\_ clinical treatment \_\_\_\_\_

I understand that this form may be used to release information related to mental health treatment, including assessments and lab reports. Any release of substance abuse information must be pursuant to 42 CFR. There are other special restrictions which apply to the release of information regarding HIV, abuse reports, etc.

I understand that I have the right to refuse to sign this Authorization or to rescind my consent at any time prior to the release of the information.

Expiration Date	Name and Social Security Number of Person		
_____	_____	_____	_____
Signature of Competent Adult	Printed Name of Competent Adult	Date	Time
_____	_____	_____	_____
When applicable, Signature of:	Printed Name of Substitute Decision Maker	Date	Time
Guardian, Guardian Advocate, Health Care Surrogate/Proxy, or Personal Representative/Equivalent (if deceased)	_____	_____	_____
_____	Sheryl Hakala	_____	_____
Signature of Witness	Printed Name of Witness	Date	Time

**PROHIBITION ON REDISCLOSURE: This information has been disclosed to you from records whose confidentiality is protected. Any further redisclosure is strictly prohibited unless the person provides specific written consent for the subsequent disclosure of this information. Florida Law requires that any person, agency, or entity receiving information shall maintain such information as confidential and exempt from the provisions of the public records law.**

**Any facility or private mental health practitioner who acts in good faith in releasing information pursuant to s. 394.4615 or other Florida statute is not subject to civil or criminal liability for such release. Such release must be in compliance with the federal HIPAA law.**

See s. 394.4615(1), Florida Statutes CFMH 3044, Feb 05 (obsoletes previous editions) (Recommended Form)