Love and Compassion Ministries, Inc.

P.O Box 152636 Cape Coral, Florida 33915

Authorization for release of protected health, legal and personal information including but not limited to the DOC, state attorney, probation, your personal attorney, physician, family and friends.

Pursuant to 45 CFR Parts 160 & 164 (HIPAA) & 42 CFR Part 2 (Drug and Alcohol Abuse law)

Last Name:	Date of Birth:
First Name:	Social Security Number (Last 4 digits):

Information Release

I hereby authorize the release of all materials and information concerning myself to Love and Compassion Ministries, Inc.

Consent for Release

I, or my authorized representative, request the disclosure of my protected information as set forth on this form. In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand:

1. The information to be released or disclosed may include information relating to legal issues, health issues or mental health treatment.
2. I understand that signing this authorization is voluntary.
3. I have a right to evoke this authorization at any time by writing to Love and Compassion Ministries, Inc., except to the extent information has been released in reliance upon this authorization.
4. I understand that information disclosed pursuant to the authorization may be re-disclosed by the recipient and no longer protected by the federal privacy regulations.

This authorization shall be in force and in effect until ___/___/____; or until two (2) years from date of execution, at which time this authorization expires.

All Items on this form have been completed by me and all of my questions have been answered.

_____	_____	____/___/____	_____
Signature	Print Name	Date	Time

Notary Information

STATE OF FLORIDA
COUNTY OF LEE

Personally Known_____ or Produced Identification_____

Type of Identification Produced: _____

Affirm and subscribe before me this____day of_____, 20_____.

_____
Notary Public or Officer Signature

My Commission Expires: _____

_____
Print, Type or Stamp commissioned name of Notary Public

SEAL

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