

**JACKSONVILLE AREA RYAN WHITE NETWORK  
AUTHORIZATION TO RELEASE INFORMATION**

Florida Department of Health Nassau County  
SERVICE PROVIDER NAME

By initialing below, I \_\_\_\_\_ authorize Florida Department of Health Nassau County to release and exchange my Protected Health Information, specifically the information initialed below. I understand that I may revoke this authorization at any time, except to the extent that the program has already released it. I also understand that the City of Jacksonville, Behavioral and Human Services Division, Ryan White Part A Administrative Agency and the Duval County Health Department, Ryan White Part B/General Revenue/Patient Care Network Lead Fiscal Agency, pay for services and as such, will have access to my HIV status, medical records and social service records for the purpose of providing treatment, finance, operations, auditing and planning. Failure to release the information shall make me financially responsible for any expenses incurred in medical and non-medical treatment.

\_\_\_\_\_  
Signature of Client or Legal Representative      Date      Relationship to Client of Legal Representative

\_\_\_\_\_  
Signature of Witness      Date

<b>Initial</b>		<b>Initial</b>	
	HIV Status		Laboratory Values
	Medications		Prescriptions
	Physician Orders		Substance Abuse Information
	Case Management Records		Financial Eligibility Records
	Physician Progress Notes		Nursing Progress Notes
	Mental Health Information		Write-In _____

and I also authorize the following selected agencies and/or individual(s) to release and exchange my Protected Health Information specified above:

<b>Initial</b>		<b>Initial</b>	
	AIDS Healthcare Foundation (AHF)		Florida Department of Health – Duval County
	AHF Pharmacy		Florida Department of Health – St. Johns County
	Amelia Psychiatry		Gateway Community Services, Inc.
	Catholic Charities		Jacksonville Area Legal Aid, Inc. (JALA)
	CAN Community Health Inc. (CAN)		Life Counseling Center
	CAN Pharmacy		Lutheran Social Services of NE FL (LSS)
	Carter's Ortega Pharmacy		NassauTRANSIT
	Central Pharmacy – Tallahassee		Northeast Florida AIDS Network (NFAN)
	Central Pharmacy – Jacksonville		UF CARES/Rainbow Center
	CommCare Pharmacy		River Region Human Services
	Edgewood Pharmacy		WAAS Pharmacy
	Flagler Community Pharmacy		Women's Center of Jacksonville, Inc.
	Florida Department of Health – Baker County		
	Florida Department of Health – Clay County		

All information I hereby authorize to be shared by or released to or from the specified agencies will be held strictly confidential and may not be re-disclosed by either party without my written consent. I understand that Section 381.004(3) of the Florida Statutes insures confidentiality of information contained in my medical records.

I understand that this authorization will remain in effect one year from the date signed unless I specify earlier/later expiration date

Date Consent Revoked: \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness      Date

**Note to Receiving Agencies:** This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of such information without the specific written consent of the person to whom such information pertains, or as otherwise permitted by state law. A general authorization is not sufficient for this purpose.

Previous editions obsolete.