ORLANDO PSYCHIATRIC ASSOCIATES

ORLANDO: 2345 SAND LAKE ROAD, SUITE 200.
ORLANDO, FL 32809.
TEL: (407) 851-5121, FAX: (407) 851-0439

OCOEE:1551 BOREN DR. UNIT B. OCOEE, FL 34761
TEL: (407) 532-4940, FAX: (407) 532-4946

Medical Information Release

Patient Name:_____ D.O.B._____

Release of Information

_____ (initials) Information is not to be released to anyone

_____ (initials) I authorize the release of information, including the diagnosis, records, examinations rendered to me and claims (financial).

Information may be released to:

_____ Spouse Name of Spouse _____

_____ Children Name(s) of Children _____

_____

_____

_____ Other Name _____

Messaging

Messages may be left (initial where appropriate):

_____ Cell

_____ Home

_____ Work

Pre-recorded/Appointment Reminder calls, emails and/or text messages may be left on my contact numbers listed on demographic form. Initials _____

Coordination of Care:

Please list the names and phone numbers of other physicians from whom you are receiving care.

Physician_____ Office phone _____

Physician_____ Office phone _____

Physician_____ Office phone _____

OPA strives to provide accurate care and therefore requests to speak with any other physician(s) who may be also treating you. Please indicate, by signing below, that OPA has your permission to speak with the above referenced physicians to coordinate your care.

Printed Patient/Guardian Name_____

Signature of Patient/Guardian_____ Date_____