



Gardens Mental Health

125 W Indiantown Road, Ste 106, Jupiter, FL 33458
Ph: 561-444-9498 Fax: 561-880-9498
Email: info@gardensmentalhealth.com

AUTHORIZATION TO RELEASE HEALTH INFORMATION

Date: _____

Dates of service from: _____ to _____

Patient last name: _____ First name: _____

Parent name (if under 18 y/o): _____

Patient DOB: ____/____/____

Information to be released: TO FROM

Gardens Mental Health
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Jupiter, FL 33458
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Information to be released: TO FROM

☐ Mental Health Records

I authorize the release of my medical information as noted above.

Patient signature: _____ Date: _____