



5534 Gulf Drive, Suite 3

New Port Richey, FL 34652

Phone 727-842-4408

brightbeginningsvisit.com

Release of Information Authorization

Client and Case Information

Parent / Guardian Name

Case Number

Date of Birth

Child(ren) Name(s)

Authorized Persons / Organizations

I authorize Bright Beginnings Visitation Center to communicate and exchange relevant information with:

- | | | |
|---|---------------------------------------|--|
| ☐ Court / Judge | ☐ Attorney(s) | ☐ Guardian ad Litem |
| ☐ Florida DCF / Child Welfare Agency | ☐ Case Manager | ☐ Therapist / Counselor |
| ☐ Other | | |

Specific person / agency name(s) and contact information

Information Authorized for Release / Exchange

- | | | |
|---|---|--|
| ☐ Attendance Records | ☐ Visitation / Observation Reports | ☐ Incident Reports |
| ☐ Scheduling Information | ☐ Service Participation / Compliance | ☐ Court Order Information |
| ☐ Other | <input type="text"/> | |

Purpose and Authorization Period

Purpose of disclosure / exchange

Effective Date

Expiration Date / Event

I understand that this authorization is voluntary and may be revoked in writing, except to the extent action has already been taken in reliance on it or disclosure is otherwise permitted or required by law or court order. Bright Beginnings may also make reports or disclosures required by applicable Florida law.

Parent / Guardian Signature

Date

Staff Initials