Records Authorization

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> **This form takes effect only when it is signed and dated.** Printing it, filling it in, or bringing it with you does not by itself agree to anything. Nothing on this page is in force until your signature is on it.

Maureen's Massage · Maureen Leonie Reid, LMT · version 0.1.0 · effective 2026-09-09

Only if you want notes shared with another provider involved in your care.

If this form is more than a few months old, check the website for a current copy — the version and date above tell you which one you have.

Authorization to Share Information With Your Other Care Providers

This is a separate written authorization under Florida law (§456.057(7)(c)). It is not part of your intake paperwork and it is not part of any booking or checkout screen. I ask you to sign it, on its own, before I share anything you have told me — or anything about your care — with another provider involved in your treatment.

I am Maureen Leonie Reid, licensed massage therapist MA78217, doing business as Maureen's Massage.

This authorization covers only the specific person or people you name below, for the specific purpose you name below. It does not authorize sharing with anyone not named on it, and it does not authorize sharing for any purpose other than the one stated.

Who this covers

Provider name(s): _____

Practice or facility: _____

What I may share with them: _____

Why: _____

I only share with a provider named here after I have confirmed they are actually involved in your care. Naming a provider on this form does not authorize me to share with anyone else at that provider's practice who is not also named, and it does not authorize me to assume a referral relationship exists that has not been confirmed.

How long this lasts

This authorization covers the course of care described above, and it ends when that course of care ends. It does not carry forward to a new course of care, a new condition, or a new referral. If your treatment plan changes, I will ask you to sign a new one before sharing anything further.

You may revoke this authorization in writing at any time. Revocation does not undo anything already shared before you revoked it.

Where you sign this

This authorization is a signed Square digital form or a signed paper form completed with me before your first shared disclosure — never a checkbox at checkout. The checkbox you may see when you book at maureensmassage.com only confirms the cancellation policy; it does not authorize any disclosure of your information and I do not treat it as if it does.

The record I keep of every disclosure

Separately from this authorization, Florida law requires me to keep a record of every disclosure of your information to a third party, including the purpose of the disclosure. I keep that log myself; it is not something you sign, and it exists whether or not this particular authorization is ever used. The recipient you name above may not pass your information on to anyone else without your own separate written consent.

No Florida agency publishes a required form for this authorization. This one is drafted by me to meet §456.057(7)(c) in plain language; it is not a state form and does not carry any state seal or stamp.

If you request a copy of your records

If you ask me for a copy of your records, I may charge no more than the actual cost of copying, including reasonable staff time, consistent with §456.057(17). The current fee is set in my internal records procedure, not on this form or on the website.

Signature

By signing below I confirm that I have read this form, that I understand it, and that I am signing it voluntarily.

Client name (please print)	……
Client signature	……
Date	……
If signing for someone else, your name and relationship	……

Bring this form with you, or hand it to Maureen at your appointment.