

CAROLINA BEHAVIORAL CARE
Authorization to Use or Disclose Protected Health Information

This authorization form implements the requirements for client authorization to use and disclose health information protected by federal health privacy law (45 C.F.R. Parts 160,164), the federal drug and alcohol confidentiality law (42 C.F.R. Part 2), and the state confidentiality law governing mental health, developmental disabilities, and substance abuse services (G.S. 122 C).

Patient Name: _____ SSN: _____

DOB: _____ Dates of Treatment: _____

Information to be Released From/To:

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Carolina Behavioral Care (for all locations)
PO Box 1630
Pinehurst, NC 28370-1630
(910)295-6007
Fax: (877)256-8588

Purpose of Release:

Continuity of Care Insurance Other
 Legal Representation Request of the individual

Information to be Released:

Assessments Psychosocial Assessment Psychotherapy Notes
 Psychiatric Evaluations Medication Records HIV/AIDS Information
 Psychological Evaluations Progress Update/Verbal Substance Abuse/Treatment
 Financial Other: _____

I understand that I may revoke or terminate this authorization at any time by submitting a written revocation to Carolina Behavioral Care, except to the extent that action has already been taken in reliance there on. If not previously revoked, this authorization will expire one year from the date of signature.

I understand that information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. The privacy of this information may not be protected under the federal privacy regulations.

I understand that I may inspect or request a copy of information that is used or disclosed under this authorization and I may refuse to sign this authorization. If I refuse to sign this authorization Carolina Behavioral Care will not deny or refuse to provide treatment, payment, enrollment in a health plan, or eligibility for benefits if I refuse to sign.

Signature of Patient Date Signature of Witness Date

Signature of legally-responsible person Date Relationship to Patient