North Carolina Department of Health & Human Services

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, SS# _____,

date of birth _____ and address of _____

hereby authorize _____ to

release, use or disclose my individually identifiable health information to the North Carolina

Department of Health & Human Services _____.

Information to be released:

During the time period

From: _____ To: _____

The purpose and use of this disclosure is to:

This Authorization will expire:

- On a set date ☐
- Upon the completion of the requested disclosure ☐
- Upon a specific event ☐

If applicable, please provide the relevant date you would like this authorization to expire:

_____

If applicable, please provide relevant details regarding the event in which will trigger this authorization to expire:

Alcohol and Drug Abuse Records

I understand that alcohol and drug abuse records are confidential and protected under federal regulations 42 CFR Part 2 and that redisclosure of these records to a party other than the one designated above is forbidden without my written authorization unless otherwise provided for in those regulations. I also understand that I may revoke this consent at any time except to the extent that action has already been taken.

If my protected health information contains confidential alcohol and drug abuse information, I hereby authorize its release unless this box is checked:

☐ Do not disclose drug and alcohol information.

HIV Related Information

Under North Carolina State law, confidential HIV related information can only be given to people I allow to have it by giving my written approval, or to people who need to know my HIV status in order to provide medical care, including medical care providers; persons involved with foster care or adoption; parents and guardians who consent to healthcare for minors; jail, prison, probation and parole employees, emergency response workers and other workers in hospitals, other regulated settings or medical offices, who are exposed to blood/body fluids in the course of their employment; and organizations that review services I receive. The law allows my HIV information to be released under limited circumstances; by special court order; to public health officials as required by law; and to insurers as necessary to pay for care and treatment.

Confidential HIV related information is any information indicating that a person had an HIV related test, or has HIV infection, HIV related illness or AIDS, or any information which could indicate that a person has been potentially exposed to HIV.

The law protects me from HIV-related discrimination in housing, healthcare or other services. This agency is responsible for protecting your rights.

If my protected health information contains confidential HIV-related information, I hereby authorize its release unless this box is checked:

☐ Do not disclose HIV-related information.

I understand that my payment, enrolment or eligibility for benefits from the North Carolina Department of Health & Human Services will not be affected if I refuse to sign this authorization.

I understand that I have the right to receive a copy of this authorization after I sign it.

I have been made aware of the North Carolina Department of Health & Human Services "Notice of Privacy Practice".

I understand the potential for information disclosed pursuant to this authorization to be re-disclosed by the North Carolina Department of Health & Human Services and that it may no longer be protected by federal health information laws.

I understand that this authorization is voluntary and that I may revoke it at any time by submitting my revocation in writing to the entity providing the information. The revocation will not be affective from the date written revocation is provided and will not apply retroactively.

_____ _____

Signature of Individual Date

_____ _____

Signature of Legal Representative (if applicable) Date

Print Legal Representative Name: _____

Relationship to Individual: _____

Witness: _____

Witness Phone Number: _____

_____ _____

Witness Signature Date