

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

45 C.F.R. Parts 160 and 164; 42 C.F.R Part 2; G.S. 122C

This authorization form implements requirements for individual authorization to use and disclose health information protected by the 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 use services (G.S. 122C).

I, _____ (DOB:) _____ authorize Sand Dollar Wellness Center & _____ to communicate with and disclose to one another.

THIS INFORMATION/DATA WILL INCLUDE:

- ASSESSMENTS PSYCHOLOGICAL EVALUATIONS DEVELOPMENTAL INFORMATION
- SUBSTANCE USE INFORMATION PSYCHIATRIC EVALUATIONS MEDICAL INFORMATION
- HIV/AIDS INFORMATION SOCIAL HISTORY AND INFORMATION SERVICE PLANS/GOALS
- SERVICE NOTES DISCHARGE SUMMARY

OTHER: _____

PURPOSE OF USE OR DISCLOSURE:

- AT THE REQUEST OF THE INDIVIDUAL ASSESSMENT/EVALUATION COORDINATION OF SERVICES
- COURT PROCEEDINGS DETERMINATION OF BENEFITS
- OTHER: _____

REDISCLOSURE:

Once information is disclosed pursuant to this signed authorization, I understand that the federal privacy law (45 C.F.R Part 2), protecting health information may not apply to the recipient of the information and, therefore, may not prohibit the recipient from re-disclosing it. Other laws, however, may prohibit re-disclosure. When we disclose mental health and developmental disabilities information protected by state law (G.S. 122C) or substance use treatment information protected by federal law (42 C.F.R. Part 2), we must inform the recipient of the information that disclosure is prohibited except as permitted or required by these two laws. Our Privacy Policy describes the circumstances where disclosure is permitted or required by these laws.

REVOCAION AND EXPIRATION:

I understand that, with certain exceptions, I have the right to revoke this authorization at any time. The procedure for how I may revoke authorization, as well as the exceptions of my right to revoke, are explained in the Sand Dollar Wellness Center Privacy Practices, a copy of which has been given to me.

If not revoked, this consent shall be valid for 1 YEAR from the date signed unless otherwise indicated here:

NOTICE OF VOLUNTARINESS

I understand that I may refuse to sign this form. I understand that Sand Dollar Wellness Center 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 Individual and Date

Witness (required if symbol/ mark is used)

Signature of Staff and Date