

NORTH CAROLINA DEPARTMENT OF ADULT CORRECTION
Alcoholism and Chemical Dependency Programs
Authorization for Release of Information

I, _____ , _____ , _____
(Client/Resident Name) (OPUS #) (Date of Birth)

authorize the NCDAC-Alcoholism and Chemical Dependency Programs to disclose and obtain information concerning my care with the following person or agency:

(Name of person or agency to which disclosure is to be made)

(Address)

(Phone Number)

(Fax Number)

Information to be disclosed and/or obtained:

- | | |
|---|--|
| <input type="checkbox"/> Treatment Participation Letter | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Assessment Summary | <input type="checkbox"/> Progress Notes |
| <input type="checkbox"/> Other: _____ | |

This information is shared for the following purpose(s):

- | | |
|---|---|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Probation/Parole |
| <input type="checkbox"/> Continued Care | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Other: _____ | |

I understand my substance use disorder treatment records are protected under federal law, including the federal regulations governing confidentiality and substance use disorder records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

I also understand I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

Unless I revoke my consent earlier, this consent will expire automatically upon the following date, event, or condition: _____
One Year From Signature

(Participant Signature)

(Date)

Signature of Parent, Guardian, or Personal Representative if client/resident is a minor, incompetent, or deceased:

(Parent, Guardian, or Personal Representative Signature)

(Date)

NOTICE TO ACCOMPANY DISCLOSURE

Prohibition of redisclosure: This information has been disclosed to you from records protected by Federal Rules (42 CFR part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the individual to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for release of medical or other information is **NOT** sufficient for this purpose (see § 2.31). The Federal Rules restrict any use of the information to criminally investigate or prosecute substance use disorder patient, except as provided at §§ 2.12(c)(5) and 2.65.

01/10/2023