



# Carolina Partners in Mental HealthCare, P.L.L.C.

## CONSENT FOR RELEASE OF CLIENT INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ S.S.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Chart #: \_\_\_\_\_

I hereby authorize **Carolina Partners in Mental HealthCare, PLLC** to...  **release**  **obtain** specified information in my medical/client/educational record for the purpose of continued mental health care.

(Individual, Facility, or Organization)

(Address)

(Phone Number)

(Fax Number)

This data shall include the available items checked below:

- Telephone Communication Only
- Admission Summary
- Progress/Treatment Notes
- Initial Evaluation
- Medication Log
- Guest Portal
- Discharge Summary
- Laboratory Results
- Psychological Testing
- Educational Testing
- Other \_\_\_\_\_

Dates of Treatment: From: \_\_\_\_\_ To: \_\_\_\_\_

Disclosure and/or exchange of the protected health and account information as authorized above may include communication by phone, fax or mail. This disclosure and/or exchange may include information regarding drug, alcohol or sexual abuse, psychological or psychiatric impairments, HIV and/or AIDS or other physical conditions. If the authorized individual or entity that receives or releases this information is not a health insurance plan or health care provider covered by federal privacy regulations (HIPAA), the released information may be re-disclosed at will by the recipient or sender without the consent of the patient or guarantor and may no longer be protected by federal or state law. *If I refuse to sign this form, I understand that it will not adversely affect my ability to receive health care services, reimbursement for services, enrollment in a health plan or eligibility for health benefits.* NOTE: This consent does not expire; however, it may be revoked at any time IN WRITING, except to the extent that any action has already been taken prior to revocation.

I have read and understood the above statements and I consent to the release of the protected health and account information as indicated above. I also understand that there may be costs incurred with this request. Any such costs will be in compliance with State copying laws.

Client (or Guardian's) Signature

Witness

Date

1200 Ridgefield Blvd, Ste. 250 Asheville, NC 28806 Ph: 828-633-6070 · Fax: 828-633-6073	4 Doctor's Park, Ste. H Asheville, NC 28801 Ph: 828-285-9911 · Fax: 828-285-9970	790 S.E. Cary Parkway, Ste. 201 Cary, NC 27511 Ph: 919-443-4100 · Fax: 877-904-9349	219 E. Chatham St, Ste. 205 Cary, NC 27511 Ph: 919-460-7768 · Fax: 919-460-8285
102 Commonwealth Ct, Ste. H Cary, NC 27511 Ph: 919-589-3650	401 Providence Rd, Ste. 100 Chapel Hill, NC 27514 Ph: 919-929-1375 · Fax: 919-929-0711	3604 Shannon Rd, Ste. 200 Durham, NC 27707 Ph: 919-403-2122 · Fax: 919-401-4993	1502 W NC Hwy 54, Ste. 103 Durham, NC 27707 Ph: 919-354-0850 · Fax: 919-294-8590
1415 W. NC Hwy 54, Ste. 207 Durham, NC 27707 Ph: 919-401-2933 · Fax: 919-401-2994	1055 Dresser Court Raleigh, NC 27609 Ph: 919-876-3130 · Fax: 919-876-3134	1005 Dresser Court Raleigh, NC 27609 Fax: 919-239-8271	1011 Dresser Court Raleigh, NC 27609 Ph: 919-792-3940 · Fax: 888-491-3060
1033 Dresser Court Raleigh, NC 27609 Ph: 919-792-3960 · Fax: 919-977-8359	3751 Junction Blvd, Ste D Raleigh, NC 27603 Ph: 919-264-5332 · Fax: 888-316-3694	120 Capcom Avenue, Ste. 101 Wake Forest, NC 27587 Ph: 919-488-1444 · Fax: 919-488-1445	1780 Heritage Center Drive, Ste. 203 Wake Forest, NC 27587 Fax: 919-761-5026