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 the requirements for client 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 abuse services (G.S. 122 C).

DATE OF BIRTH:	RECORD NUMBER:
	SOCIAL SECURITY #
I, , author	rize Cardinal Clinic, LLC P.O. Box 829 Aberdeen, NC 28315
Name of client or client's legally responsible per	rize Cardinal Clinic, LLC P.O. Box 829 Aberdeen, NC 28315 son Agency or person authorized to use and disclose the information
to use, exchange or disclose to/with	
Name of agency or per	rson to whom the requested use or disclosure will be made (include address, if applicable)
Information requested should be mailed to this	address:
THIS DATA SHALL INCLUDE (client is encour	aged to initial heside data to be used or disclosed)
Psychiatric Evaluations	Service Plans/GoalsHIV/AIDS Information
Psychological Evaluations	Discharge SummarySocial, Developmental, Medical HistoryFinancial/Reimbursement
PURPOSE OF USE OR DISCLOSURE (client is	
At the request of the individualCourt Proceedings	Assessment/EvaluationCoordination of CareDetermination of BenefitsOther
Other laws, however, may prohibit redisclosure. What (G.S. 122C) or substance abuse treatment information that disclosure is prohibited except as circumstances where disclosure is permitted or require requirements of the control of	he right to revoke this authorization at any time. The procedure for how I may revoke this
	o revoke, are explained in the agency's Notice of Privacy Practices, a copy of which has beer
given to me.	o revoke, are explained in the agency's Notice of Privacy Practices, a copy of which has been d for one year from the date signed unless otherwise indicated below:
given to me. If not revoked earlier, this consent shall be valid	
given to me. If not revoked earlier, this consent shall be valid Date of expiration, if less than one year E	d for one year from the date signed unless otherwise indicated below:
given to me. If not revoked earlier, this consent shall be valid Date of expiration, if less than one year NOTICE OF VOLUNTARINESS	d for one year from the date signed unless otherwise indicated below: vent, if less than one year ization form. I understand that Cardinal Clinic, LLC will not deny or refuse to provide
given to me. If not revoked earlier, this consent shall be valid Date of expiration, if less than one year NOTICE OF VOLUNTARINESS I understand that I may refuse to sign this author	d for one year from the date signed unless otherwise indicated below: vent, if less than one year ization form. I understand that Cardinal Clinic, LLC will not deny or refuse to provide
given to me. If not revoked earlier, this consent shall be valid Date of expiration, if less than one year NOTICE OF VOLUNTARINESS I understand that I may refuse to sign this author treatment, payment, enrollment in a health plan, or e	d for one year from the date signed unless otherwise indicated below: vent, if less than one year ization form. I understand that Cardinal Clinic, LLC will not deny or refuse to provide ligibility for benefits if I refuse to sign. Date Witness (required if symbol or mark is used by client or LRP)
given to me. If not revoked earlier, this consent shall be valid to the part of expiration, if less than one year NOTICE OF VOLUNTARINESS I understand that I may refuse to sign this author treatment, payment, enrollment in a health plan, or estimate of Client Signature of Client Signature of legally responsible person, if required.	d for one year from the date signed unless otherwise indicated below: vent, if less than one year ization form. I understand that Cardinal Clinic, LLC will not deny or refuse to provide ligibility for benefits if I refuse to sign. Date Witness (required if symbol or mark is used by client or LRP) ired Date
given to me. If not revoked earlier, this consent shall be valid to the property of the prope	d for one year from the date signed unless otherwise indicated below: vent, if less than one year