

**HRC BEHAVIORAL HEALTH & PSYCHIATRY, PA
AUTHORIZATION FORM**

100 Europa Drive, Suite 260
Chapel Hill, NC 27517
(919) 929-1227
Fax: (919) 968-2575

4201 Lake Boone Trail, Suite 201
Raleigh, N.C. 27607
(919)785-0384
Fax: (919) 785-0038

Name _____ DOB _____

This form when completed and signed by you, authorizes the release of protected information from your clinical record to the person you designate.

I authorize the exchange of information between HRC Behavioral Health & Psychiatry and the following:

1. Primary Care or Referring Physician
Name _____ Office Phone _____
Address _____
City _____ State _____ Zip _____
2. Other (please specify name, organization, address):
Name _____ Organization _____
Address _____ Phone _____
City _____ State _____ Zip _____
3. Other (please specify name, organization, address):
Name _____ Organization _____
Address _____ Phone _____
City _____ State _____ Zip _____

Extent of information to be released includes: Summary of diagnosis and treatment.

This authorization is only for the limited purpose of obtaining from or releasing information to, and discussing my case with these individuals or companies for the specific purposes of evaluation and treatment. It shall not be considered a blanket waiver of all privileged and confidential information.

I am requesting this information exchange for the purpose of Continuity of care.

This authorization will remain in effect for two years unless you designate a different time period below. You may revoke this authorization at any time by giving us written notice.

Expiration if different from above: _____

This authorization is fully understood and is voluntarily made on my part.

Patient's Signature

OR

Parent or Legally appointed representative's signature

Date of Signature

Relationship if not parent

Witnessed By: _____

10/22/07

I understand that information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient of your information and no longer protected by the HIPAA Privacy Rule.