

## **Authorization for Release, and Disclosure of Information**

The **Overdose Referral Program** (the “Program”) offers patients follow-up, support, and referral to available treatment options to help understand and overcome their substance abuse. The Program is a pilot project administered by Guilford County Emergency Services, in association with the University of North Carolina at Greensboro, currently provided at no cost to the patient. The Program may be discontinued or changed at any time. Participants will be informed of material changes to the Program when they occur.

I, to the extent not otherwise authorized, and within the limitations set forth in state and federal privacy laws, including, but not limited to the Health Insurance Portability Act of 1996, and as described in Guilford County Emergency Services’ Notice of Privacy Practices hereby, voluntarily authorize each of my physicians, pharmacists, and other health care providers (collectively, “Health Care Providers”) to use and disclose the patient’s medical information and any other information necessary for the patient’s participation in the Program to Guilford County Emergency Services (GCES Mobile Health) and its agents involved in the patient’s care through the Program.

I further authorize the release of information relating to the following applicable categories as permitted under applicable federal and state laws, including, but not limited to the Health Insurance Portability Act of 1996 and as described in the Department’s Notice of Privacy Practices:

- **Substance abuse (including alcohol/drug abuse)**
- Mental health or behavioral health
- HIV/HCV related information

I understand that I have the right to cancel this authorization at any time, but that the revocation will only be effective on the date of notification and only to the extent that action has not already been taken in reliance upon the authorization. I understand that if not revoked this authorization will remain in effect for (12) months, at which time this authorization expires. I understand that if I wish to withdraw this authorization prior to its expiration, I must do so in writing by presenting a written notice of cancellation to:

Guilford County Emergency Services  
Attn: Mobile Integrated Health Program Coordinator  
1002 Meadowood Street  
Greensboro, NC 27409

I understand that authorizing release of protected health information is voluntary and that I am not required to sign this authorization and that there are no conditions placed on the patient’s health care or payment for the patient’s health care.

\_\_\_\_By initializing I authorize the Guilford County Emergency Services representative to call and leave voice messages on the numbers(s) documented within the Electronic Health Record.