

SAMPLE AUTHORIZATION FORM

STATE OF NORTH CAROLINA Mental Health, Developmental Disabilities, and Substance Abuse Services	AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED INFORMATION <small>45 C.F.R. Parts 160 and 164; 42 C.F.R. Part 2; G.S. 122C</small>
This 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 state confidentiality law governing mental health, developmental disabilities, and substance abuse services (G.S. 122C).	

Client's Name	Client ID	Date of Birth
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I, _____, authorize
Client or client's legally responsible person or personal representative

Agency or person authorized to disclose the information

to disclose to _____
Agency or person who will receive and use the information

the following protected information:¹ _____
Provide a specific and meaningful description of the information to be disclosed

PURPOSE OF USE & DISCLOSURE²
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The purpose of the disclosure is _____
Describe the purpose(s) for which information will be disclosed and used

REDISCLOSURE

Once information is disclosed pursuant to this signed authorization, I understand that the federal health privacy law (45 C.F.R. Part 164) protecting health information may not apply to the recipient of the information and, therefore, may not prohibit the recipient from redisclosing it. Other laws, however, may prohibit redisclosure. When this agency discloses mental health and developmental disabilities information protected by state law (G.S. 122C) or substance abuse treatment information protected by federal law (42 C.F.R. Part 2), we must inform the recipient of the information that redisclosure is prohibited except as permitted or required by these two laws. Our Notice of Privacy Practices describes the circumstances where disclosure is permitted or required by these laws.

CONTINUED ON BACK SIDE

STATE OF NORTH CAROLINA Mental Health, Developmental Disabilities, and Substance Abuse Services	AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED INFORMATION 45 C.F.R. Parts 160 and 164; 42 C.F.R. Part 2; G.S. 122C
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REVOCATION ³ AND EXPIRATION

I understand that, with certain exceptions, I have the right to revoke this authorization at any time except to the extent that action has been taken in reliance on it. The procedure for how I may revoke this authorization, as well as the exceptions to my right to revoke, are explained in *[Insert name of covered entity]*'s Notice of Privacy Practices, a copy of which has been provided to me.

If not revoked earlier, this authorization expires automatically upon

Date or event that relates to the client or the purpose of the use or disclosure

or one year from the date it is signed, whichever is earlier.

NOTICE OF VOLUNTARINESS⁵
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I understand that I may refuse to sign this authorization form. If I choose not to sign this form, I understand that *[Insert name of covered entity]* cannot deny or refuse to provide treatment, payment, enrollment in a health plan, or eligibility for benefits on my refusal to sign.

SIGNATURES

Signature of client: _____	Date
Please print name: _____	

Signature of legally responsible person or other personal representative (if required): _____	Date
Please print name: _____	
Please explain representative's authority to act on behalf of client: _____ _____	

The following information is for staff use only and is provided to explain further some of the requirements of applicable federal law and some of the options available under that rule.

¹ A general authorization for the release of medical or other information is not sufficient for the disclosure of alcohol and drug information protected by the federal drug and alcohol confidentiality law, and authorizations for the disclosure of this information must state how much and what kind of alcohol and drug information is to be disclosed. 42 C.F.R. 2.31, 2.32. Therefore, whenever authorization is required for the release of alcohol and drug information, the authorization form must state that the information to be released includes alcohol and drug information and must specify how much and what kind of information is to be released.

² The statement “at the request of the individual” is a sufficient description of the purpose when an individual initiates the authorization and does not, or elects not to, provide a statement of the purpose.

³ This revocation paragraph is all that is required if the exceptions to the right to revoke and a description of how to revoke are described in the covered entity’s Notice of Privacy Practices and that Notice is referenced in the Authorization. Alternatively, the exceptions to the right to revoke and a description of the revocation process can be provided in the Authorization form as follows:

I understand that I may revoke this Authorization at any time except to the extent that action has been taken in reliance on it (or unless this Authorization is given as a condition of obtaining insurance coverage and the insurer has certain legal rights to contest the policy or a claim under the policy). If I revoke this authorization, I must do so in writing. The procedure for revoking this authorization is [*describe how the individual may revoke the authorization, where to obtain revocation forms*].

⁵ The federal privacy law permits a health care provider, in certain limited circumstances, to condition the provision of health care on obtaining an authorization. For example, a covered entity may condition the provision of health care that is to be provided solely for the purpose of creating PHI for disclosure to a third party on an authorization for such disclosure. Where the privacy rule permits the conditioning of services on receipt of an authorization and the health care provider chooses to make treatment conditional on the client providing an authorization, then the sentence in this form regarding the conditioning of the authorization must be modified to explain what the condition is and the consequences to the patient of a refusal to sign the authorization.