



**AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION**

**RELEASE INFORMATION FROM:**

**Blue Ridge Health**

Or

**Other Facility:**

**TO USE OR DISCLOSE TO:**

Name of Person or Facility:			
Address	City	State	Zip
Phone:	Fax:	Email:	

**The protected health information of:**

Patient Name:	Date of Birth:	SS# (last 4):	
Address	City	State	Zip
Phone:	BRH Medical Record #		

**Dates of Service:**\_\_\_\_\_

**Information authorized for disclosure, if included in my records:**

- Complete health record**
- Consultation Reports
- Medication List
- Laboratory Tests (specify): \_\_\_\_\_
- Other (specify): \_\_\_\_\_
- Visit/Discharge Summary
- Clinical office notes
- Immunization records
- History & Physical
- Medication history
- Radiology & Diagnostic Imaging Results
- Patient Billing Records
- Problem/Diagnosis List

*I understand that the information released may include sensitive information related to behavior and/or mental health, drugs and alcohol (including records of a program that provides alcohol or drug abuse diagnosis, treatment, or referral, as defined by federal law at 42 C.F.R. Part 2), HIV/AIDS and other communicable diseases, and genetic testing unless limited by the above selection. This authorization does not include permission to release psychotherapy notes (defined as records from private, joint, group, or family counseling sessions that are separated from the rest of the patient's medical record). Release of psychotherapy notes requires a separate authorization.*

**Put a CHECKMARK next to the purpose of the request:**

- Continued Patient Care
- Attorney/ Legal
- Insurance
- Other \_\_\_\_\_
- Benefit Eligibility
- Personal Use

Put a checkmark next to how you would like to receive your request:

	Mail to address listed above
	Fax to # listed above (health care providers only; no personal faxes)
	Pick up at clinic location:

	Verbal Release
	Review in administrative office
	Receive electronically at email above

I understand:

- I may revoke this Authorization at anytime:
  - The revocation will not apply to information that has already been released in response to this Authorization.
  - I must revoke this Authorization in writing. The procedure for revoking this Authorization is to present my written revocation to the BRH Medical Records Department.
- I may refuse to sign this Authorization:
  - My treatment, payment, enrollment in a health plan, or eligibility for benefits cannot be conditioned upon my authorization of this disclosure.
  - A fee may be charged for providing the protected health information. Please contact BRH Medical Records at 828.692.4289

I have been informed and understand that information disclosed pursuant to this Authorization may be subject to re-disclosure by a recipient of such information. It is possible that once disclosed, the privacy of the information may no longer be protected under federal medical privacy law.

Unless otherwise revoked, this authorization will expire on the following date, event, or condition: \_\_\_\_\_ If I fail to specify an expiration date or event or condition, this authorization will expire automatically in ninety (90) days from the date of signature.

Blue Ridge Health, its employees, officers, and providers are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

**I have read and understand the information in this Authorization form.**

Signature of Patient:	
Printed Name:	Date:

Signature of Authorized Representative:	
Printed Name:	Date:
Please explain Representative's authority to act on the behalf of the Patient:	

**OFFICIAL USE ONLY**

**Name/Title of Person Releasing Information:**

Date disclosure completed \_\_\_\_/\_\_\_\_/\_\_\_\_

Sent Via:  USPS Mail  Fax  Encrypted

Email

Date this authorization was revoked: \_\_\_\_\_

\*\*\*\*\*NOTICE\*\*\*\*\*

**If the attached records contain information regarding mental health and/or substance and alcohol use disorder treatment please read and follow the information presented below.**

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains to or as otherwise written permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or substance abuse patient. The regulations also have the following restrictions and requirements

**Statutory authority for confidentiality of alcohol/substance use disorder/abuse patient records (42 CFR Section 2.1)**

- a. Disclosure Authorization – Identity, diagnosis, prognosis, or treatment of any patient may not be disclosed except for purposes under subsection (b)
- b. Purposes and circumstances of disclosure affecting consenting patient and patient regardless of consent-
  - a. May be disclosed in accordance with prior written consent of the patient
  - b. Whether or not the patient has given written consent, the consent of such record may be disclosed as follows;
    - i. To medical personnel to the extent necessary to meet a **bona fide medical emergency**
    - ii. To qualified personnel for purposes of scientific research, audits, or program evaluation, but the identity of the patient may not be disclosed in any manner.
    - iii. If authorized by appropriate court order of competent jurisdiction – after showing good cause – the record may be disclosed as ordered by the court.
  - c. A minor patient’s authorization may be required for disclosure, even to his or her parent, guardian or other legal representative.
- c. Armed Forces and Veterans’ Administration: interchange of records; report of suspected child abuse and neglect to State or local authorities – The prohibitions of this section do not apply to any interchange of information with the above named organizations.

**MEDICAL EMERGENCIES (42 CFR Section 2.51):**

- a. **General Rule** – Under the procedures required by paragraph (c) of this section, patient identifying information may be disclosed to medical personnel who have a need for information about the patient for the purpose of treating a condition which poses an immediate threat to the health of any individual and which requires immediate medical intervention.
- b. **Special Rule**- Release to FDA because of health threat from product manufacturing, labeling or sale error.
- c. **Procedure** – Immediately document in the patient record: 1.The name of the medical personnel to whom disclosure was made and their affiliation with any healthcare facility; 2. The name of the individual making the disclosure; 3. The date and time of the disclosure; and 4. The nature of the emergency (or error if report was to FDA).

**ALL medical records are protected by the Health Insurance Portability and Accountability Act (P.L. 104-191 (1996) and regulations promulgated there under).**

**Additionally, North Carolina General Statute Annotated 122C-55 provides additional contexts in which information regarding mental health patients may be disclosed. You may request a copy of this information from your healthcare provider.**

**NORTH CAROLINA GENERAL STAT. ANN. § 122C-55**

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(a) Any area or State facility or the psychiatric service of the University of North Carolina Hospitals at Chapel Hill may share confidential information regarding any client of that facility with any other area or State facility or the psychiatric service of the University of North Carolina Hospitals at Chapel Hill when necessary to coordinate appropriate and effective care, treatment or habilitation of the client. For the purposes of this subsection, coordinate means the provision, coordination, or management of mental health, developmental disabilities, and substance abuse services and related services by one or more facilities and includes the referral of a client from one facility to another.

(a1) Any State or area facility or the psychiatric service of the University of North Carolina Hospitals at Chapel Hill may share confidential information regarding any client of that facility with the Secretary, and the Secretary may share confidential information regarding any client with an area or State facility or the psychiatric service of the University of North Carolina Hospitals at Chapel Hill when the responsible professional or the Secretary determines that disclosure is necessary to coordinate appropriate and effective care, treatment or habilitation of the client.

(a2) Any area or State facility or the psychiatric service of the University of North Carolina Hospitals at Chapel Hill may share confidential information regarding any client of that facility with any other area facility or State facility or the psychiatric service of the University of North Carolina Hospitals at Chapel Hill when necessary to conduct payment activities relating to an individual served by the facility. Payment activities are activities undertaken by a facility to obtain or provide reimbursement for the provision of services and may include, but are not limited to, determinations of eligibility or coverage, coordination of benefits, determinations of cost-sharing amounts, claims management, claims processing, claims adjudication, claims appeals, billing and

collection activities, medical necessity reviews, utilization management and review, precertification and preauthorization of services, concurrent and retrospective review of services, and appeals related to utilization management and review.

(a3) Whenever there is reason to believe that a client is eligible for benefits through a Department program, any State or area facility or the psychiatric service of the University of North Carolina Hospitals at Chapel Hill may share confidential information regarding any client of that facility with the Secretary, and the Secretary may share confidential information regarding any client with an area facility or State facility or the psychiatric services of the University of North Carolina Hospitals at Chapel Hill. Disclosure is limited to that information necessary to establish initial eligibility for benefits, determine continued eligibility over time, and obtain reimbursement for the costs of services provided to the client.

(a4) An area authority or county program may share confidential information regarding any client with any area facility, and any area facility may share confidential information regarding any client of that facility with the area authority or county program, when the area authority or county program determines the disclosure is necessary to develop, manage, monitor, or evaluate the area authority's or county program's network of qualified providers as provided in G.S. 122C-115.2(b)(1)b., G.S. 122C-141(a), the State Plan, and rules of the Secretary. For the purposes of this subsection, the purposes or activities for which confidential information may be disclosed include, but are not limited to, quality assessment and improvement activities, provider accreditation and staff credentialing, developing contracts and negotiating rates, investigating and responding to client grievances and complaints, evaluating practitioner and provider performance, auditing functions, on-site monitoring, conducting consumer satisfaction studies, and collecting and analyzing performance data.

(a5) Any area facility may share confidential information with any other area facility regarding an applicant when necessary to determine whether the applicant is eligible for area facility services. For the purpose of this subsection, the "term applicant" means an individual who contacts an area facility for services.

(b) A facility, physician, or other individual responsible for evaluation, management, supervision, or treatment of respondents examined or committed for outpatient treatment under the provisions of Article 5 of this Chapter may request, receive, and disclose confidential information to the extent necessary to enable them to fulfill their responsibilities.

(c) A facility may furnish confidential information in its possession to the Department of Correction when requested by that department regarding any client of that facility when the inmate has been determined by the Department of Correction to be in need of treatment for mental illness, developmental disabilities, or substance abuse. The Department of Correction may furnish to a facility confidential information in its possession about treatment for mental illness, developmental disabilities, or substance abuse that the Department of Correction has provided to any present or former inmate if the inmate is presently seeking treatment from the requesting facility or if the inmate has been involuntarily committed to the requesting facility for inpatient or outpatient treatment. Under the circumstances described in this subsection, the consent of the client or inmate shall not be required in order for this information to be furnished and the information shall be furnished despite objection by the client or inmate. Confidential information disclosed pursuant to this subsection is restricted from further disclosure.

(d) A responsible professional may disclose confidential information when in his opinion there is an imminent danger to the health or safety of the client or another individual or there is a likelihood of the commission of a felony or violent misdemeanor.

(e) A responsible professional may exchange confidential information with a physician or other health care provider who is providing emergency medical services to a client. Disclosure of the information is limited to that necessary to meet the emergency as determined by the responsible professional.

(e1) A State facility may furnish client identifying information to the Department for the purpose of maintaining an index of clients served in State facilities which may be used by State facilities only if that information is necessary for the appropriate and effective evaluation, care and treatment of the client.

(e2) A responsible professional may disclose an advance instruction for mental health treatment or confidential information from an advance instruction to a physician, psychologist, or other qualified professional when the responsible professional determines that disclosure is necessary to give effect to or provide treatment in accordance with the advance instruction.

(f) A facility may disclose confidential information to a provider of support services whenever the facility has entered into a written agreement with a person to provide support services and the agreement includes a provision in which the provider of support services acknowledges that in receiving, storing, processing, or otherwise dealing with any confidential information, he will safeguard and not further disclose the information.

(g) Whenever there is reason to believe that the client is eligible for financial benefits through a governmental agency, a facility may disclose confidential information to State, local, or federal government agencies. Except as provided in G.S. 122C-55(a3), disclosure is limited to that confidential information necessary to establish financial benefits for a client. After establishment of these benefits, the consent of the client or his legally responsible person is required for further release of confidential information under this subsection.

(h) Within a facility, employees, students, consultants or volunteers involved in the care, treatment, or habilitation of a client may exchange confidential information as needed for the purpose of carrying out their responsibility in serving the client.

(i) Upon specific request, a responsible professional may release confidential information to a physician or psychologist who referred the client to the facility.

(j) Upon request of the next of kin or other family member who has a legitimate role in the therapeutic services offered, or other person designated by the client or his legally responsible person, the responsible professional shall provide the next of kin or other family member or the designee with notification of the client's diagnosis, the prognosis, the medications prescribed, the dosage of the medications prescribed, the side effects of the medications prescribed, if any, and the progress of the client, provided that the client or his legally responsible person has consented in writing, or the client has consented orally in the presence of a witness selected by the client, prior to the release of this information. Both the client's or the legally responsible person's consent and the release of this information shall be documented in the client's medical record. This consent shall be valid for a specified length of time only and is subject to revocation by the consenting individual.

(k) Notwithstanding the provisions of G.S. 122C-53(b) or G.S. 122C-206, upon request of the next of kin or other family member who has a legitimate role in the therapeutic services offered, or other person designated by the client or his legally responsible person, the responsible professional shall provide the next of kin, or family member, or the designee, notification of the client's admission to the facility, transfer to another facility, decision to leave the facility against medical advice, discharge from the facility, and referrals and appointment information for treatment after discharge, after notification to the client that this information has been requested.

(l) In response to a written request of the next of kin or other family member who has a legitimate role in the therapeutic services offered, or other person designated by the client, for additional information not provided for in subsections (j) and (k) of this section, and when such written request identifies the intended use for this information, the responsible professional shall, in a timely manner:

(1) Provide the information requested based upon the responsible professional's determination that providing this information will be to the client's therapeutic benefit, and provided that the client or his legally responsible person has consented in writing to the release of the information requested; or

(2) Refuse to provide the information requested based upon the responsible professional's determination that providing this information will be detrimental to the therapeutic relationship between client and professional; or

(3) Refuse to provide the information requested based upon the responsible professional's determination that the next of kin or family member or designee does not have a legitimate need for the information requested.

(m) The Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services shall adopt rules specifically to define the legitimate role referred to in subsections (j), (k), and (l) of this section.