

CARY BEHAVIORAL HEALTH PC

**160 N.E. MAYNARD ROAD, SUITE # 200, CARY, NC 27513
PHONE 919-466-7540 FAX 919-466-7543**

STANDARD AUTHORIZATION OF USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Information to be Used or Disclosed

The information covered by this authorization includes:

- () Dates of hospitalizations () Psychiatric Evaluation () Educational Assessment
- () Consultation Reports () Discharge Summary () Psychological Testing
- () School Records () Medication Records () History & Physical Examinations
- () Aftercare Plan () Lab/x-Ray Reports () Progress Update

Persons Authorized to Use or Disclose information

Information listed above will be used or disclosed by:

(name/address and/or phone of person or organization)

Person to Whom Information May be Disclosed

Information described above may be disclosed to:

(Doctor or Therapist at Cary Behavioral Health)

Expiration Date of Authorization

This authorization is effective through ___/___/___ unless revoked or terminated by the patient or the patient's personal representative

Right to Terminate or Revoke Authorization

You may revoke or terminate this authorization by submitting a written revocation to Cary Behavioral Health. You should contact the (Title of Privacy/Compliance Officer) to terminate this authorization.

Potential for Re-disclosure

Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. The privacy of the information may not be protected under the federal privacy regulations

Name of Patient (print or type)

Signature of Patient

Date

Date of Birth ----/-----/------