



**Black Mountain  
COUNSELING CENTER**  
Authorization to Use/Disclose Information

Client name \_\_\_\_\_ Birthdate \_\_\_\_\_

Maiden or other name \_\_\_\_\_

I request and authorize Black Mountain Counseling Center to release information to and/or share information with:

Name \_\_\_\_\_

Contact information \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

This request and authorization applies to information related to my health and safety and the following:

- Dates of Treatment
- Symptoms and Diagnosis
- Treatment Plan, Goals, and Progress
- Other: \_\_\_\_\_

This information is being disclosed or received for the following purpose(s):

- Referral or feedback to referral source
- Collaboration or consultation with medical or therapeutic personnel
- Other: \_\_\_\_\_

Authorization expires \_\_\_\_\_

- This authorization may be relied upon when transmitted by fax.
- I authorize the Protected Health Information to be transmitted by fax.

I understand that unless action already has been taken in reliance on this authorization I may revoke this authorization at any time by making a verbal or written request.

I understand that my express consent is required to release any information related to testing, diagnosis and/or treatment for HIV (AIDS virus), sexually-transmitted diseases, psychiatric disorders/mental health or drug/alcohol treatment or use. This information has been disclosed from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit anyone 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 or as otherwise 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 drug abuse patient. All information and records, whether publicly or privately maintained, that identify a person who has AIDS virus infection or who has or may have a disease or condition required to be reported pursuant to the provisions of this Article shall be strictly confidential. (G.S. 130A-143.)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Witness \_\_\_\_\_ Date \_\_\_\_\_