child
&family
DEVELOPMENT

PINEVILLE
11940 Carolina Pl Pkwy, #200, Pineville, NC 28134
p 704.541.9080 | f 704.542.0699

MIDTOWN
4012 Park Road, #200, Charlotte, NC 28209
p 704.332.4834 | f 704.372.9653

Authorization for Release of Information Form

Client's Name: ____ Date of Birth: ________________
(first name last name) (mm/dd/yy)

○ Self OR Printed name of client's representative: ____
Relationship to client: ____

I hereby authorize Child & Family Development to use or disclose individually identifiable health information as described below. I understand that this authorization is voluntary. I understand that if the organization is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations.

INFORMATION AUTHORIZED: (mark or specify) ○ Designated Record Set (All Records excluding psychotherapy notes) ○ Other: ____

DATES AUTHORIZED: (mark or specify) ○ All ○ Other: ______________________________

PURPOSE OF REQUEST: (mark all that apply) ○ Exchange all medical Information
○ Release Information Only ○ Request Information Only ○ Verbal or Email Communication Only

PERSONS/ ORGANIZATIONS: (complete all fields)

NAME & RELATIONSHIP	ADDRESS	PHONE/ FAX	EMAIL

ADDITIONAL INFORMATION ABOUT AUTHORIZATIONS

- **I understand that this authorization will expire upon the minor's age of majority UNLESS an alternate date of my choice is specified here: ____________ (MM/DD/YY) If client is over 18 and no date is listed, authorization will expire 1 year from date signed.**
- I understand that I may revoke this authorization at any time by notifying the providing organization and completing a Revocation of Authorization Form. I understand that revocation will not apply to information that has already been released in response to this authorization.
- I understand that authorizing the disclosure of this private health information is voluntary and I may refuse to sign this authorization.
- I understand that I may request to inspect or obtain a copy of the information to be used or disclosed.

X ____
Signature of client or client's representative Date