SouthLight

Consent to Release Health Information

Mailing Address: 3125 Poplarwood Court, Suite 203, Raleigh, NC 27604 • Phone: (919) 787-6131 • Medical Records Fax: (888) 890-6295

I request and authorize SouthLight Healthcare to disclose the health information concerning the Individual, all as specified below:

The Individual: NAME _____ BIRTH DATE: __ __ ____

The Recipient: SouthLight is authorized to release the information to: _____

The Released Information: The Individual's health information ("Information") to be released and disclosed is (check applicable boxes):

☐ All health care and related records	☐ Medications	☐ Alcohol/Drug Tx	☐ Treatment Recommendations
☐ Admission Assessment	☐ Psychological Evaluations	☐ Progress Notes	☐ AIDS/HIV
☐ Psychiatric Evaluations	☐ Lab results	☐ Diagnoses	
☐ Discharge Plans/Summaries	☐ Treatment/Service Plans	☐ Treatment	

☐ Any Information to be excluded: _____

☐ Other instructions: _____

Note: The Information will *not* include "substance use disorder notes" or "psychotherapy notes." If you desire the disclosure of such "notes," you must use SouthLight's separate consent forms for those notes.

Purpose of Release of Information is:

☐ At the Individual's request **[check if Individual/Representative *initiates* the request and elects not to provide a purpose]**

☐ Other: _____

Limitation: If this consent authorizes the use and disclosure of records (or testimony relaying information contained in a record) subject to 42 CFR, Part 2 in a civil, criminal, administrative, or legislative investigation or proceeding against the Individual, the consent cannot be combined with a consent for any other purpose.

Expiration: This Consent expires either (a) on the occurrence of the following date, event, or condition _____ or (b) one year after the signature date below, whichever occurs first.

I understand that:

- Unless expressly excluded above, this Consent includes any Information concerning a communicable disease or condition (e.g., HIV infection, AIDS, AIDS related conditions, and sexually transmitted disease), substance use disorder, mental illness, or developmental disability (including Information governed by G.S. 122C-52, G.S. 130A-134, or 42 CFR Part 2).
- This Consent includes Information SouthLight obtained from other sources (unless excluded above).
- The potential exists that the Information disclosed might be re-disclosed by the recipient and also might be no longer protected, as applicable, by HIPAA or 42 CFR Part 2 (which is a law concerning certain substance use disorder patient records).
- If the Information is subject to 42 CFR Part 2, then (A) SouthLight may not use or disclose the Information for SouthLight's fundraising purposes unless the Individual is first provided with a clear and conspicuous opportunity to elect not to receive fundraising communications, and (B) if the recipient is subject to HIPAA and received the Information for treatment, payment, or health care operations purposes, the recipient may redisclose the Information as permitted by HIPAA, except for uses and disclosures for civil, criminal, administrative, and legislative proceedings against the Individual.
- SouthLight may not condition treatment, payment, enrollment, or eligibility for benefits on whether I sign this Consent, and I may refuse to sign this Consent
- The Information may be disclosed verbally, electronically, and/or in hard copy.
- In the event and to the extent the Information is not subject to 42 CFR Part 2, this Consent shall not apply to limit any right SouthLight has under applicable law to use and disclose the Information without a written consent.
- This Consent may be revoked, in writing, at any time except to the extent action has been taken in reliance on this Consent.
- To be effective, a revocation must be written and delivered to SouthLight.

Was this release of information completed with the assistance of a SouthLight employee? ☐ Yes ☐ No

EMPLOYEE SIGNATURE: _____ DATE: __ __ ____

_____
Individual's Signature

__ __ ____
Date

OR

_____
Signature of Individual's Personal Representative

_____
Representative's Printed Name

_____
Description of Representative's Authority to Act for Individual

__ __ ____
Date