

Foot Print to Success Clubhouse: Authorization for Disclosure of Health Information
Revised 9/9/2016

I understand that the federal privacy law (45 CFR Part 164) protecting health information may not apply to the recipient of the information and, therefore, may not prohibit the recipient from re-disclosing it. Other laws, however, may prohibit redisclosure.

I understand what information will be released, the purpose of the release of the information, and that there are statutes and regulations protecting the confidentiality of the information. Foot Print to Success Clubhouse's NOTICE OF PRIVACY PRACTICES describes the circumstances where disclosure is permitted or required by state or federal laws.

I understand the terms of this release and voluntarily give my authorization. I understand that I may refuse to sign this authorization form and understand that Foot Print to Success Clubhouse will not condition my treatment, or any payment, enrollment in a health plan, or eligibility for benefits on receiving my signature on this authorization. I further understand that I may revoke my authorization by giving written notice to my service provider or to the Quality Improvement Representative of Foot Print to Success Clubhouse. Such revocation does not affect the validity of the consent for information disclosed/released prior to the revocation. If not revoked earlier, this authorization expires automatically one year from the date it is signed or upon _____, whichever is earlier.
(date or event specified by client or dictated by the purpose of the authorization)

Signed _____
Date _____
(Specify if signature is that of client, parent(s), legal guardian, or personal representative)

Witnessed _____
Date _____
(Witness signature is required only if the form is sent out of state **or** if the above client signature has been signed by a mark)

This authorization is hereby revoked upon the signed and dated request of the client as noted below:

Signed _____ Date _____
(Client signature)

The client has notified me verbally that he/she wishes to revoke this authorization with an effective date of:

Signed _____ Date _____
(Staff signature)

THE INFORMATION RELEASED IS CONFIDENTIAL AND REDISCLOSURE IS PROHIBITED
EXCEPT AS AUTHORIZED BY G.S. 122C-53 THROUGH G.S. 122C-56.