

Newcastle Family Therapy, PLLC  
1914 Brunswick Avenue, Suite 1B, Charlotte, NC 28207

**Authorization to Disclose Health Information**

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

I hereby authorize Newcastle Family Therapy PLLC to disclose specific health information:

Release Information From:

Release Information To:

Newcastle Family Therapy, PLLC

1. \_\_\_\_\_

1914 Brunswick Avenue, Suite 1B

2. \_\_\_\_\_

Charlotte, NC 28207

3. \_\_\_\_\_

Phone: 704-650-9425 Fax: 704-973-0752

4. \_\_\_\_\_

Purpose of Release:  Ongoing Communication  Legal purposes  Continued patient care

Dates of release: From \_\_\_\_\_ To \_\_\_\_\_

Information to be released:  Entire Record (not including psychotherapy notes)  Assessment  Attendance Dates

Other, please specify: \_\_\_\_\_

Patient's rights- I understand that:

I can cancel this authorization at any time. I must cancel in writing and send or deliver cancellation to the releasing party or practice named above. Any cancellation will apply only to information not yet released by either party.

That my information may not be protected from re-disclosure by the requester of the information: however, if this information is protected by the Federal Substance Abuse Confidentiality Regulations, this recipient may not re-disclose this information without my further written authorization unless otherwise provided for by state or federal law.

This is a full release including information related to behavioral/mental health, drug or alcohol treatment (in compliance with 42 CFR Part 2), genetic information, HIV/AIDS, and other sexually transmitted diseases.

Newcastle Family Therapy, PLLC will not share or use my health information without my permission other than ways listed in the Notice of Privacy Practices.

Refusing to sign this form will not prevent my ability to get treatment.

**I may request a copy of this signed authorization.**

Signature of Client: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Personal Representative: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_