

MCLEOD ADDICTIVE DISEASE CENTER, INC.

CONSENT FOR RELEASE OF INFORMATION

Client Name: _____

Client CODAP#: _____ Date of Birth: ____/____/____

I, _____, hereby authorize **MCLEOD ADDICTIVE DISEASE CENTER, INC.** to release or receive specified information from my records:

Person/Agency releasing or receiving information

Name: _____ Relationship to Client: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

This information shall include: Demographics, diagnosis, LOCUS/CALOCUS, ASAM, Mental Status, history and assessment information, treatment recommendation, treatment progress, drug screen results, discharge plans, aftercare plans, transition plan, history and physical, Treatment plan or Person Centered Plan, financial information, and NC-Topps

I understand the information will be used for: Consultation, referral, treatment placement and planning, alternative options of support and services.

I understand that McLeod Addictive Disease Center, Inc. may not condition my treatment on whether I sign a consent form. I understand that my records are protected under HIPAA, 42CFR Part 2, and N.C General Statutes and Administrative Codes governing Confidentiality of Alcohol and Drug Abuse Patient Records and cannot be disclosed without my written consent, unless otherwise provided for in the regulations. I understand that information disclosed to a third party cannot be re-disclosed. I hereby acknowledge that this consent is truly voluntary and is valid from ____/____/____ to ____/____/____ (not to exceed one year). I understand that I may revoke this consent at any time, except to the extent that action has already been taken in reliance on such consent. .

Signature of Client

Date of Consent

Signature of Legal Guardian

Date of Consent

NC GS 130A-143 allows special protections for HIV/AIDS confidentiality. I _____ Agree or _____ Disagree to release this information if my record contains this information.

515 Clanton Road
Charlotte, NC 28217
(704) 332-9001 (phone) (704) 332-5903 (fax)
MedRec@mcleodcenter.com

ATTENTION:

For the safety of our staff and patients during the COVID-19 pandemic, no hardcopies of releases will be accepted. McLeod Center will accept valid releases via email or fax only until further notice.