

Carolina Family Health Centers, Inc.
Case Management
Consent to Release/Receive Information

Client's Name: _____ Date of Birth: _____

Carolina Family Health Centers, Inc. is bound by all State and Federal guidelines for receiving and providing confidential consumer information. Your records will not be shared with any individual or agency except those which you authorize on this form or otherwise. The only exceptions to this statement are under the following circumstances: a life-threatening emergency, under a court order, or other request which may be governed by other North Carolina laws.

I, _____, give Carolina Family Health Centers, Inc. permission to help me obtain services through the process of case management. I understand that sharing personal information about my situation with other agencies/individuals is necessary in the process of helping me develop and implement needed medical, non-medical and supportive care services that my representative or I may request.

I give my permission to Carolina Family Health Centers, Inc. and its staff to release and receive information to the following agencies:

AGENCY NAME	PRIMARY CONTACT	PHONE
Utility Company _____		
Landlord _____		
Other _____		
Other _____		
Other _____		

I give my consent to release/receive this information freely, without being pressured to do so. I understand that Carolina Family Health Centers Inc and its staff will not share any information that they receive under this consent with another individual or agency without my permission.

I understand that I may revoke this consent in writing at any time, except to the extent actions may already have been taken in reliance on it. Further, I understand that this consent shall expire and must be re-obtained one year of the date signed.

A photographic copy of this authorization shall be considered as effective and valid as the original.

_____ Client/Guardian's Signature	_____ Client/Guardian's Printed Name	_____ Date
_____ Service Provider's Signature	_____ Service Provider's Printed Name	_____ Date