

**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.**

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