RECORD NUMBER: In the following cases, minors have the same rights to release information without parental Consent. In the following cases, minors have the same rights as adults: 1. Emancipated minors 2. Minors receiving substance Abase treatment 3. Minors receiving substance Abase treatment 4. Four Paula S. Newman, PLLC 1921 N. Pointe Drive, Suite 207, Durham, NC 27705 Site Address (must be specified) Street City State Zip Code Phone-Fax 4. 5. 6. Person/Agency Street Person/Agency Street City State Zip Code Phone-Fax For the purpose of assessment, treatment planning, referral, coordination of services, and/or processing or payment of claims. I have been advised that Paula S. Newman, PLLC may charge a reasonable fee for the costs of copying, mailing or other supplies associated with any request for copies. Please initial below indicating which documentation regarding your treatment may be released and/or exchanged. Release of information is limited to the minimum necessary to accomplish the purpose for which the request is made. Please initial below indicating which documentation regarding your treatment may be released and/or exchanged. Release of information is limited to the minimum necessary to accomplish the purpose for which the request is made. Assessment/Glagnose Service plan(s) Phone-Fax Paula S. Newman and the noted agencies Referral/Servender of information, I authorize periodic exchange of information between Paula S. Newman and the noted agencies Referral/Servender of information, I authorize periodic exchange of information between Paula S. Newman and the noted agencies	DECO	CLIENT:		The client must always be given a copy of this form after signing. Complete as needed. Use for disclosing information to other agencies or requesting			
2. Minors receiving Substance Abuse treatment 3. Minors receiving treatment without parental consent. TO/FROM: (Please Circle) Paula S. Newman, PLLC 1921 N. Pointe Drive, Suite 207, Durham, NC 27705 Site Address (must be specified) Street City State Zip Code Fax TO/FROM: (Please Circle) Person/Agency Street City State Zip Code Phone/Fax 4	RECORD NUMBER:			parent's signature; these minors have the same rights as adults:			
I, [print name]	DATE	OF BIRTH:		2. Minors receiving Substance Abuse treatment			
Paula S. Newman, PLLC 1921 N. Pointe Drive, Suite 207, Durham, NC 27705 Site Address (must be specified) Street City State Zip Code Fax	INSUE	RANCE#:		3. Minors receiving treatme	nt without paren	tal consent.	
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3. 4. 5. Person/Agency Street City State Zip Code Phone/Fax for the purpose of assessment, treatment planning, referral, coordination of services, and/or processing or payment of claims. I have been advised that Paula S. Newman, PLLC may charge a reasonable fee for the costs of copying, mailing or other supplies associated with any request for copies. Please initial below indicating which documentation regarding your treatment may be released and/or exchanged. Release of information is limited to the minimum necessary to accomplish the purpose for which the request is made. Assessment/diagnoses Service plan(s) Physician's Orders/medication history Treatment history Medical history Educational history Social/developmental history Discharge summary Evaluation(s): Service note(s), dates: through Other (specify) Release of records is authorized even if such records contain information related to substance abuse. Release of records is authorized even if such records contain information related to HIV/AIDS. In addition to the initial disclosure of identified information, I authorize periodic exchange of information between Paula S. Newman and the noted agencies. Referral/Screening Form Service Plan							
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Paula S. Newman, PLLC 1921 North Pointe Drive, Suite 207, Box 16, Durham, NC 27705

I understand that the federal privacy law (45 CFR Part 164) protecting health information may not information and, therefore, may not prohibit the recipient from re-disclosing it. Other laws, however, may	
I understand what information will be released, the purpose of the release of the information, and that the protecting the confidentiality of the information. Substance abuse information is protected per the requirements of 42 CFR Part 2. And, HIV/AIDS information is protected under G.S. 130A-143. Paula S. PRIVACY PRACTICES describes the circumstances where disclosure is permitted or required by state or	confidentiality and disclosure Newman, PLLC's NOTICE OF
I understand the terms of this release and voluntarily give my authorization. I understand that I may refuse and understand that Paula S. Newman, PLLC will not condition my treatment, or any payment, enrollment for benefits on receiving my signature on this authorization. I further understand that I may revoke my authorization to the extent that action has been taken in reliance on the consent, by giving written notice to Parevoked earlier, this authorization expires automatically one year from the date which we have a consent, by giving written notice to Parevoked earlier, this authorization expires automatically one year from the date (date or event specified by client or dictated by the purpose of the authorization)	nt in a health plan, or eligibility athorization/consent at any time aula S. Newman, PLLC. If not it is signed or upon
Signed	Date
(Specify if signature is that of client, parent(s), legal guardian, or personal representative)	
Witnessed	Date
Witnessed(Witness signature is required only if the form is sent out of state <u>or</u> if the above client signature has been signed by a mark)	
This authorization is hereby revoked upon the signed and dated request of the clien	t as noted below:
Signed	Date
(Client signature)	
The client has notified me verbally that he/she wishes to revoke this authorization w	vith an effective date of:
The client has notified me verbally that he/she wishes to revoke this authorization w	vith an effective date of:
The client has notified me verbally that he/she wishes to revoke this authorization we signed	vith an effective date of: Date

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