PALMETTO Summerville BEHAVIORAL HEALTH

225 Midland Parkway
Summerville, South Carolina 29485
(843) 851- 5015

[Patient Label]

Authorization for Use & Disclosure of Protected Health Information

Patient Name: _____ DOB: _____ SN: _____

I hereby authorize Palmetto Summerville Behavioral Health to (check one or both):
□ Disclosure and/or □ Obtain Protected Health Information with:
Name: _____

Address: _____

City: _____ State: _____ _____ Zip Code: _____

Phone: _____ Fax: _____

Dates of Services: _____
Purpose of Disclosure:

□ Continuing Care/Treatment	□Family/Friend Involved in Treatment	□Legal Representative
□Payment	□Educational Placement	□Other

The protected information to be used/disclosed is Oral (only during treatment) Written Documents (as specified below) includes (check all that apply):

□ Dates of Treatment	□ Psychiatric Evaluation	□ Nurse Assessment	□Diagnosis
□History & Physical	□Psychological Assessment	□ Treatment Plan	□Rating Scale
□ Diagnostic	□Aftercare/Discharge Plan	□Discharge Summary	□Consults
□Therapy Notes	□ Treatment Team Notes	□Group Notes	□ Other _____

I understand that information to be released may include information regarding drug abuse, alcohol abuse, psychological or psychiatric impairments, and HIV and/or physical conditions.

I certify this authorization is made voluntarily. I understand that the information to be released is protected under state and federal laws (45 CFR parts 160, 164; 42 CFR part 2: 42 USC 20 odd-3; 42USC 290ee; SC Code ANN Section 19-11-95) and cannot be re-disclosed without my further written consent unless provided for by state and federal law.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has already been taken as stated in the Privacy Notice. If not previously revoked, this consent will expire □ one hundred eighty (180) days from the date of signature, □ date of discharge, or □ another date or condition specified. Other date or condition specified: _____

_____ _____
Signature of Patient Date

_____ _____
Signature of Parent/Legal Guardian Date

_____ _____
Signature of Witness Date