



AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION*

Client's Name (First/MI/Last): _____ DOB (mm/dd/yyyy): _____

Address: _____

City: _____ State: _____ Zip: _____

If applicable: Legal Guardian Legal Representative Name: _____

Relationship to Client: _____ Phone: _____

I authorize the University of North Carolina at Greensboro Speech and Hearing Center to disclose information to my referring physician:

Physician Name: _____ Address: _____

City/State/Zip: _____ Phone/Fax: _____

Information to be disclosed:

- | | | |
|---|--|---|
| <input type="checkbox"/> All Records | <input type="checkbox"/> Treatment Plans | <input type="checkbox"/> Progress Reports |
| <input type="checkbox"/> Evaluation Reports | <input type="checkbox"/> Treatment Notes | <input type="checkbox"/> Other (e.g., billing statements) |

Dates of care to be disclosed: From: _____ To: _____ Or, All dates of care

I also authorize the UNC Greensboro Speech and Hearing Center to exchange information with the following person or entity (you must add your spouse/partner and/or anyone else with whom you would like us to communicate including parent if patient is over 18 years old):

(1) _____ Phone/Fax: _____

(2) _____ Phone/Fax: _____

I understand that this authorization will remain in effect until it is revoked and that I may revoke authorization **in writing** at any time and deliver it to The University of North Carolina at Greensboro Speech and Hearing Center. This revocation will not be effective until the Speech and Hearing Center, which had been previously authorized to disclose protected health information, receives the written revocation. I understand that The University of North Carolina at Greensboro Speech and Hearing Center will not condition treatment on my signing this authorization. I understand that information used or disclosed based on this authorization may not be protected from further disclosure by the recipient of the information

Signature: _____ **Date:** _____

Check one: Client Legal Guardian Legal Representative

A copy of this authorization will be provided to the client, guardian or representative upon request.

*There are specific circumstances, supported by legal precedent, where authorized Speech and Hearing Center staff or legal representative(s) are required to release confidential information:

- if a client is judged to be an imminent danger to themselves or others;
- if there is reason to suspect that a client abused or neglected a minor, disabled person, or dependent adult;
- if the client has been abused or neglected;
- if a legally appointed or elected judge compels disclosure in the interest of justice; or
- if there is a legitimate public health concern.