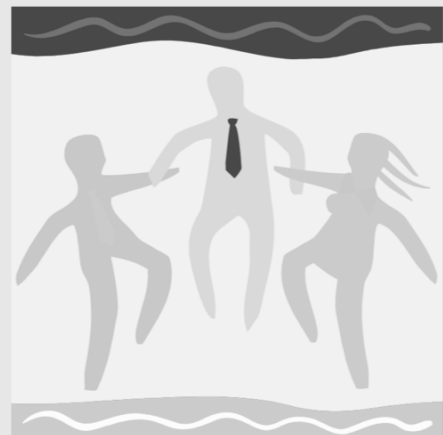




# Annas Resources Client Rights Handbook-Revised

It's all for you!





# **Client Rights Handbook**-Revised

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**Annas Resources  
Chapel Hill, North Carolina**

**Subject: Client Rights**  
**Category: Clinical**  
**Effective Date:** Immediately  
**Revised Date:**

**Date:** 11/2/2007  
**Areas Affected:** All  
**Approved by:** Angela Annas

<b>Date Reviewed:</b>						
<b>Date Reviewed:</b>						

**Policy Statement:** It is the policy of Annas Resources to ensure that our clients are afforded their full rights as citizens of North Carolina according to law and in the spirit of best practice.

**Procedure:**

To serve the above purpose we will do the following:

- **Inform the client-** We shall give the client a verbal explanation of his or her rights in language or other means of communication that he or she can understand. This includes a copy of the Annas Resources Client Rights Handbook that includes this policy. We will ensure:
  - Comprehensibility
  - Promptness
  - Annual Reviews
  - Availability –for further questions, clarifications, or additional guidance on the meaning of client rights.
  
- **Ensure the following protections:**
  - **Confidentiality-** reference other policies (see Client Rights handbook)
    - Policies & Procedures on releasing client information
      - follow state & federal laws
      - identify the information that can be shared
      - provide for forms allowing release which include the name of the client, content released, to whom it will be released, the purpose for which it will be released, date the release is signed, conditions of the expiration of the consent, information defining revocation (how to), signature of legally responsible person.
    - Exceptions

- Billing to third party payers
- Audits
- Responsibility to report client rights violations and other incidents.
- Responsibility to protect the public (threat to health & safety).
- Responsibility to report Child Protective Services (CPS) & Adult protective Services (APS).
- Emergencies requiring the release of the info for the client's health & or safety.
- **Information can and should be disclosed on a “need to know” basis with your supervisor and with others on the client’s treatment team in order to determine or evaluate a course of treatment, to monitor progress, and to provide appropriate services to the client.**
  - Special Rules-apply to Minors, Substance Abuse. See Client Rights Document for more detailed explanation.
- **Privacy**-reference other policies (see Client Rights handbook)
  - Policies & Procedures on releasing client information
  - Exceptions
    - Billing to third party payers
    - Audits
    - Responsibility to report client rights violations and other incidents.
    - Responsibility to protect the public (threat to health & safety).
    - Responsibility to report Child Protective Services (CPS) & Adult protective Services (APS).
    - Emergencies requiring the release of the info for the client's health & or safety.
  - Special Rules-apply to Minors, Substance Abuse. See Client Rights Document for more detailed explanation.
- **Access to Information**- This is provided to clients prior to their need for it in making decisions requiring the information
- **Informed Consent, Choice, and Refusal**-
  - Release of Information
  - Service Delivery
  - Concurrent Services
  - Composition of the Team that will provide services
  - Choosing to get services from another agency
- **Freedom from Neglect**
- **Freedom from Abuse**
- **Freedom from Exploitation**
- **Freedom from Retaliation**
- **Freedom from Humiliation**

- **Right to review his or her client record**
- **Policy prohibiting use of Restraint & Seclusion**
- **Client Rights Restrictions-** A client's rights may be restricted due to particular circumstances, such as an involuntary commitment proceeding
  
- **Provide Access or make/facilitate referral** to the following resources as needed:
  - Legal representation
  - Advocacy Services
  
- **Complete an Investigation and Resolution of Alleged Infringement of Rights**
  - **Written Grievance Policy and Procedures-**guaranteeing freedom from retaliation or barriers to services
  - Availability of contacting the **LME Customer Service Line** should the client not be satisfied with the resolution put forth by Annas Resources
  - Availability of contacting the **State Consumer Rights Unit**
  - Availability of contacting the *Disability Rights North Carolina* 2626 Glenwood Avenue, Suite 550 Raleigh, NC 27608 919-856-2195 (voice) 1-800-821-6922 (voice) or 1-877-235-5210 (TTY), the non-profit that investigates matters involving the rights of individuals with disabilities in North Carolina
  - Annas Resources Quality Improvement Committee will conduct an **annual review of formal complaints and grievances** to determine trends, identify areas needing improvement, and to record actions to be taken to remedy problems
  
- Other Rights will not be restricted except in extraordinary circumstances, such as an involuntary commitment order or a client posing an imminent danger of harm to himself/herself or others.

This policy interfaces with the following documents: the Restraint-Free Policy, Client Satisfaction Policy, Quality Improvement Policy, Compliance Program, Employee Code of Ethical Conduct, Annas Resources Client Rights Handbook-Revised, Mission Statement, Information on Client Rights, Notice of Privacy Practices, Annas Resources Rules of Confidentiality, and Annas Resources Consent for Release of Information.

Annas Resources, Angela Annas, 12/19/2007 revision

## **Information on Client Rights**

The State of North Carolina's Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) requires all area programs and their affiliates to inform all persons receiving services of their rights as defined in APSM 95-2 and in General Statute 122-C, Article 3.

### **Basic Human Rights Provided to Every Client**

- Right to dignity, privacy, humane care, and freedom from mental and physical abuse, neglect and exploitation
- Right to treatment and care based on the normalization principle
- Right to receive age-appropriate treatment, access to medical care and habilitation, and the right to an individualized written program plan at the time of admission to maximize his/her development
- Right to be informed in advance of the potential risks and alleged benefits, and alternatives to the program choices
- Right to confidentiality
- Right to be free from unnecessary or excessive medication. Medication shall not be used for punishment, discipline or staff convenience
- Right to consent to or to refuse any treatment offered, including behavior management policies, except in certain emergency situations
- Right to request notification after occurrence of any or specified interventions
- Right to be informed of emergency procedures
- Right to exercise all civil rights. Certain civil rights may be limited if a client has been adjudicated incompetent.
- Right to certain safeguards and carefully controlled circumstances when interventions are used
- Right to be free of corporal punishment, and to be free of harm, abuse and exploitation
- Right to be free of restrictive interventions including, but not limited to physical restraint, isolation or seclusion except when there is imminent danger of abuse or injury to oneself or others, when substantial property damage is occurring, or when it's necessary as a part of treatment/habilitation (see **Annas Resources Statement of Position and Policy on the Control and Restraint of Individuals with Disabilities** for further information)
- Right to be free from threat or fear of unwarranted suspension or expulsion
- Right to be free from unwarranted invasion of privacy
- Right to be free from unwarranted search and/or seizure

- Right of the person legally responsible for a minor or an incompetent adult to request notification of the use of an intervention procedure
- Right to request notification of the restriction of rights
- Right to file a grievance or a complaint with the **Director of Annas Resources**. Address complaints or grievances to **Angela Annas @ 976 MLK, Jr. Blvd. Suite 250 Chapel Hill, NC 27514, Telephone (919)942-8422**
- Right to file a grievance or a complaint with the LME Client Rights Committee in your area:
  - **Orange Person Chatham LME Client Rights Committee @ 100 Europa Drive, Suite 490, Chapel Hill, NC 27517 or Telephone (919) 913-4079.**
  - **Durham Center Client Rights Committee @ 501 Willard Street Durham NC 27701 Telephone (919) 560-7256.**
  - **Wake Human Services Client Rights Committee @401 E Whitaker Mill Rd, Raleigh, NC Telephone (919) 856-6400.**
  - **Alamance-Caswell-Rockingham LME Client Rights Committee 319 N. Graham-Hopedale Rd. Suite A Burlington, NC 27217 Telephone (336) 513 4200.**
  - Right to contact the **Disability Rights North Carolina**  
2626 Glenwood Avenue, Suite 550 Raleigh, NC 27608  
919-856-2195 (voice)  
1-800-821-6922 (voice) or  
1-877-235-5210 (TYY)
- Right to contact the **Advocacy & Customer Service** Department at the Division of MH/DD/SAS @**3009 MSC, Raleigh, NC 27699-3009, Telephone (919) 715-3197**

**Attention:** If any employee knowingly causes pain or injury to a client, or borrows or takes personal property from a client, he is guilty of a Class 1 misdemeanor. If an employee witnesses an accidental injury to a client you must report it to your supervisor immediately. If you witness and fail to report or are guilty of a **Class 1 misdemeanor** as described above, you will be subject to suspension or dismissal from employment and subject to a fine of up to **\$500.00**.

### **Review of Reduction, Suspension, Termination or Denial of Services**

All clients have the right to appeal the area program's decision to reduce, suspend, terminate or deny a service. Any client wishing to appeal such a decision will be given a copy of the consumer grievance form as well as a copy of LME grievance policy.

In addition to LME grievance process, Medicaid-eligible clients also have the right to appeal the LME's or Value Options' decision to reduce, suspend, terminate or deny a service to the State Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DHM/DD/SAS) and/or the Office of Administrative Hearings (OAH). All clients will be informed of their specific appeal rights when the decision to reduce, suspend, terminate or deny a service is made.

## NOTICE OF PRIVACY PRACTICES

### Notice to Client or Guardian Regarding Protected Health Information

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

All information that is provided during the screening, admission, and treatment/habilitation process is considered confidential by the employees, interns, and volunteers of all Annas Resources programs. We are required to protect the privacy of health information about you, and the disclosure of protected health information will be governed by North Carolina General Statute 122C, federal law regarding substance abuse records 42 CFR Part 2, and the Health Insurance Portability and Accountability Act of 1996, as well as any other applicable federal or state laws.

Exchange and use of protected health information between Annas Resources staff and/or Annas Resources programs for the purpose of treatment, payment, or healthcare operations will be permitted and based on "need to know" guidelines, and positional authority. For example:

- Information obtained about you by a psychiatrist, therapist, case manager, nurse or other member of your treatment team will be recorded in your record and used to determine the course of treatment that should work best for you.
- Treatment team members will also be expected to discuss your progress in treatment on a routine basis.
- Information about the services you receive will be submitted and processed by the billing department so that we can be paid or you can be reimbursed.
- Your medical record may also be pulled for review by the Quality Improvement department in preparation for an audit or for other internal review to improve the quality and effectiveness of the services we provide.

Disclosure of protected health information outside of Annas Resources is permitted when you or your legal representative signs a written authorization, or gives verbal authorization in an emergency situation. Any authorization for disclosure may be revoked at any time, except to the extent that action has been taken in reliance on it.

You have the right to request restriction of the disclosure of your health information, except when Annas Resources is required to do so. Even without your specific consent, Annas Resources may disclose information to someone outside of Annas Resources (and in some cases Annas Resources may even be required by law or professional ethics to disclose your information), in the following situations:

- When there is a medical or psychiatric emergency involving your health or safety or the safety of others.
- When Annas Resources is required by law to report instances of neglect or abuse of a child or disabled adult.

- Disclosure in a legal proceeding, where Annas Resources is responding to an order of a court or administrative tribunal.
- When Annas Resources is required by North Carolina Administrative Code to disclose physician information due to an incident which would cause health risk to other persons.
- When Annas Resources authorizes research for the purpose of program planning and evaluation of services through the use of statistical information that can not be linked to you as an individual.

Annas Resources uses computerized records to meet statistical, financial, and medical record requirements. Annas Resources will comply with expected guidelines for keeping electronic records secure, and will make every effort to secure any identifying information that is sent outside of the organization.

You also have other rights related to the use and disclosure of health information in your medical record.

These rights include:

- **Right to request your medical record be designated as a “Secure/Hot File”**

All medical records are considered to be secure and confidential. However, if special circumstances exist (ex. you are the neighbor of an Annas Resources employee) you may request that your record be filed as a “Secured/Hot File,” which means that only Annas Resources staff involved in your care will be able to see your records. We will make every effort to accommodate your request, but we are not required to do so.

- **Right to inspect and request a copy of your medical record.**

If you would like to inspect or receive a copy of your health information, please contact us for instructions on how to submit a written request. We may deny your request in very limited circumstances. If we deny your request, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review for denial. If your request is approved, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with any request for copies.

- **Right to request amendment of any section of your medical record.**

If you feel that we have information that is inaccurate or incomplete, you have the right to request that your record be amended. If we deny your request we will notify you in writing of our reason and will describe your rights to provide a written statement disagreeing with our denial.

- **Right to receive an accounting of disclosures that have occurred.**

Each disclosure of protected health information will be documented in the medical record. You have the right to request an accounting of these disclosures for the previous six years beginning April 14, 2003.

- **Right to request an alternative method of contact.**

Annas Resources may call you or mail information to you regarding appointment reminders, billing information, or other information about treatment alternatives or services that might be of interest to you. If you would like to request an alternative method of contact please notify us. We will accommodate reasonable requests, but may condition our accommodation on your providing us with information regarding how payment, if any, will be handled.

- **Right to a copy of this Notice.**

You have the right to receive a paper copy of this Notice. Annas Resources reserves the right to change this notice and to make the new notice effective for all protected health information that is maintained in hard copy or electronic format. Revisions to the NOTICE OF PRIVACY PRACTICES will be made available at each facility for distribution to all consumers.

**Annas Resources recognizes the importance of confidentiality, and your right to be fully informed of all regulations regarding protected health information.**

If you feel that your privacy rights have been violated you may contact **Angela Annas, Director** @ Annas Resources 976 Martin Luther King, Jr. Blvd. Suite 250 Chapel Hill, NC 27514 or call her at 919 942 8422.

You may also contact **your LME's Client Rights Coordinator** to file a complaint.

Or you may contact the **Secretary of the North Carolina Department of Health & Human Services**, 2001 Mail Service Center, Raleigh, North Carolina 27699-2001, or 919-733-4534;

or the **U.S. Secretary of Health & Human Services**, 200 Independence Avenue SW, Washington, DC 20201, or 1-877-696-6775.

**Provision of services will not be affected by the filing of any complaint.**

## **Annas Resources**

### **Rules of Confidentiality**

All information that is provided during the screening, admission, and treatment/habilitation process is considered confidential by the employees, interns, and volunteers of all Annas Resources programs. We are required to protect the privacy of health information about clients, and the disclosure of protected health information will be governed by North Carolina General Statute 122C, federal law regarding substance abuse records 42 CFR Part 2, and the Health Insurance Portability and Accountability Act of 1996, as well as any other applicable federal or state laws. If you have any question about whether disclosure of information is allowed under particular circumstances, it is important that you ask your supervisor or the Director.

1. The General Rule about Confidentiality is that no confidential information may be released without obtaining a Consent for Release of Information form from the client or their legal representative. The client must give informed consent VOLUNTARILY and must be told that:

- 1.) refusal to consent will not interfere with services, and
- 2.) no information will be re-disclosed without being notified.

When client information is released, the authorization must be placed in the client record.

Ordinarily, consent given by a client or his legal representative must be in writing; however, in an emergency, verbal consent is sufficient. The client may revoke a consent at any time, but the revocation is not effective as to actions already taken in reliance upon the consent.

2. There are important exceptions to this General Rule when confidential information may be disclosed (and in some cases must be disclosed) even without client consent. These exceptions are:

- a. We are required to disclose information when there is a medical or psychiatric emergency involving the health or safety of the client or of others.
- b. We are required to disclose information to report instances or neglect or abuse of a child or a disabled adult.
- c. We are required to disclose information in a legal proceeding in response to an order of a court or administrative tribunal.
- d. We are required by the N.C. Administrative Code to disclose physician information when there is an incident that would cause a health risk to other persons.
- e. We may disclose information when Annas Resources authorizes research for the purpose of programming planning and evaluation of services through the use of statistical information that cannot be linked to a particular client.
- f. Information can and should be disclosed on a "need to know" basis with your supervisor and with others on the client's treatment team in order to determine or evaluate a course of treatment, to monitor progress, and to provide appropriate services to the client.

- g.** Information about services you have provided will be submitted to and processed by the billing department of Annas Resources for payment and reimbursement purposes.
- h.** A client's medical record may be pulled and reviewed by the Quality Improvement Department in preparation for an audit or for other internal review to improve the quality and effectiveness of services provided to clients.

**3. When disclosure of confidential information is permitted by client**

**authorization or by one of the exceptions, or in the case of an emergency, only persons who have received a written delegation from the director may release confidential information.** These individuals must use good clinical judgment to determine whether it is necessary and beneficial to the client to provide the information. If in the clinical judgment of the staff it is unnecessary or detrimental to give the information, it should not be given, even if it is requested in writing by the client or legal representative. If you have any questions, contact the agency director for clarification.

- 4.** Do not talk to anyone outside this agency about a client unless you have been authorized to do so and have obtained a completed release of information form, or unless one of the exceptions applies. This rule also applies to clients you work with or have worked with at other agencies.
- 5.** Everyone who works at Annas Resources, Inc. must sign a confidentiality agreement. Applicants also sign a confidentiality agreement.
- 6.** Remember that the IDENTITY of our clients is also confidential. Do not tell anyone outside this agency that you know that a particular person is a client here, unless you have the client's written consent or one of the exceptions applies.
- 7.** All client records must be maintained in a confidential and secure environment. Client records are the property of Annas Resources and must be protected as such.
  - a.** Records must be stored in a locked area or container.
  - b.** No client's record may ever leave the premises, unless certain conditions apply. These conditions include: transporting records to LMEs for auditing purposes, upon demand by a district court hearing, when it is not feasible to copy all parts of the record required for the purpose requiring the contents, if needed after the death of a client in conjunction with an autopsy. The staff in charge of the records, should remain in the presence of the record at all times to safeguard the record.
  - c.** The location of the record must be known at all times.
  - d.** Only authorized persons may have access to records.
  - e.** Annas Resources will charge .10 per page if copies of materials in a record are requested, other than routine exchanges of information.
- 8.** Staff will not use a client's full name when referencing them in documents unless you have a release. If in doubt, omit referencing clients' last names.

9. If you believe you may have observed a breach of confidentiality, you should report this concern immediately to your supervisor or the Director. In addition, if you wish, you may also talk to the person who disclosed the information to determine if a release has been signed or if one of the exceptions applies.
10. If you see documents or papers with a client's name in a public place, please notify the Director.
11. Do not leave any written documents in any public place within, or outside of, the office (examples: on the copier, on desktops, on the kitchen table, or in cars).
12. Staff are directed to use one of the shredders provided to destroy any confidential information not needed for the client record.
11. Upon request, a client or the individual's legally responsible person has access to any information in his/her record except that information which may be harmful to the client's physical or mental health. A request by a client or his legal representative to review his file must be relayed to your supervisor, so that you and your supervisor can review the record to determine if any information in the file should be withheld from the client. A clinical staff member must be present when client views the record, to explain and protect the record. If Annas Resources denies a client or his legal representative access to part of his record, we must give the client a written explanation of the denial.  
In addition, a client or legal representative may request alterations of information. Such requests should be communicated to the Director to determine if the alterations in question are clinically justified and to follow additional guidelines of law in processing the request.
12. You may not use a photograph, videotape or any picture of a client without the client's or their legal representative's signed permission to do so. This also includes written material for PR purposes, brochures, reports, etc.
13. A family member who has legitimate role in the therapeutic services to the client and is designated by the client or his legal representative has a right to pertinent information about the client, necessary for the client's care, with the client's written consent or if the client gives his verbal consent in front of witnesses of his choosing.
14. Clients who are HIV-positive are protected by existing confidentiality regulations. Only staff providing direct medical, clinical, or habilitative services to the client may be notified of the client's condition.
15. Clients with a diagnosis of substance abuse are protected by federal regulations 42 CFR, Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, which are adopted by reference pursuant to General Statute 150B-14(c), unless the rules in this subchapter are more restrictive in which case the rules in this subchapter shall be followed. Staff should not disclose this information to anyone without checking with Annas Resources Director, who may wish to confirm appropriate action with OPC Quality Improvement section or the Division of Mental Health.

16. Infants and toddlers have additional protection defined by federal regulations 34 CFR, Part 300, Subpart E, Sections 300.560 through 300.575, which are adopted by reference pursuant to General Statute 150B-14(c), unless rules in this subchapter are more restrictive in which case the rules in this subchapter shall be followed. Staff should not disclose this information to anyone without checking with Annas Resources Director, who may wish to confirm appropriate action with your Local Management Entity or the Division of Mental Health.
17. A minor client will be considered a legal signer to consent to release of information when the following conditions apply:
- 1) client is seeking services for venereal disease and other diseases reportable under GS 130-A135, pregnancy, abuse of drugs, other illegal substances, or alcohol abuse, or for emotional disturbances;
  - 2) when married or divorced;
  - 3) when emancipated by a decree issued by a court of competent jurisdiction;
  - 4) when a member of the armed forces; or
  - 5) when the personal representative of a deceased relative when the estate is either being settled or not being settled.
- Otherwise, a parent or legal guardian must sign to give consent to the release of information about the minor.
18. Questions about any confidentiality rules and their interpretation may be addressed to the Client Records Consultant in the Institution Management Support Section of the Division of MH, DD, and SAS.
19. Unauthorized disclosure of confidential information is a misdemeanor and is punishable by a fine of up to \$500.00. Unauthorized disclosure of confidential information is also a violation of Annas Resources policy. Staff who violate these rules are subject to suspension, dismissal, or disciplinary action for failure to comply.

<b>CLIENT:</b>	<b>The client must always be given a copy of this form after signing.</b> Complete as needed. Use for disclosing information to other agencies. In the following cases, minors have the right to release information without parent's signature: these minors have the same rights as adults: 1. Emancipated minors 2. Minors receiving Substance Abuse Treatment 3. Minors receiving treatment without parent connect
<b>RECORD NUMBER:</b>	
<b>DATE OF BIRTH:</b>	

I, [print name] \_\_\_\_\_, hereby authorize the release of information

**FROM:** Annas Resources, Inc. 976 MLK Jr. Blvd. Suite 250 Chapel Hill, NC 27514 919-942-8422/919 942-8409

**TO:**

1. \_\_\_\_\_  
     Person/Agency                      Street                      City                      State                      Zip Code                      Phone/fax

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_  
     Person/Agency                      Street                      City                      State                      Zip Code                      Phone/fax

for the purpose of assessment, treatment planning, referral, and/or coordination of services. I have been advised that Annas Resources may charge a reasonable fee for the cost of copying, mailing or other supplies associated with any requests 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.

	<input type="checkbox"/> Service Plan <input type="checkbox"/> Vocational History <input type="checkbox"/> Educational History <input type="checkbox"/> Discharge summary <input type="checkbox"/> Evaluations(s): _____ <input type="checkbox"/> Service note(s), dates: _____ through _____ <input type="checkbox"/> Other(specify) _____ <input type="checkbox"/> Release of records is authorized even if such records contain information related to substance abuse. <input type="checkbox"/> Release of records is authorized even if such records contain information related to HIV/AIDS. <input type="checkbox"/> In addition to the initial disclosure of identified information I authorize periodic exchange of information between Annas Resources and the noted agencies.
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Annas Resources Generated Documentation	<input type="checkbox"/> Referral/Screening Form <input type="checkbox"/> Service Plan <input type="checkbox"/> Notification of Intervention Use <input type="checkbox"/> Admission Assessment <input type="checkbox"/> Index of Attendance <input type="checkbox"/> Medication Administration History <input type="checkbox"/> Behavior Intervention Plans <input type="checkbox"/> Evaluations(s) (circle): <input type="checkbox"/> Transfer/Discharge Summary                      Clinical    Vocational    Educational <input type="checkbox"/> Service Note(s) dates: _____ through _____ <input type="checkbox"/> Other(specify) _____ <input type="checkbox"/> Release of records is authorized even if such records contain information related to substance abuse. <input type="checkbox"/> Release of records is authorized even if such records contain information related to HIV/AIDS. <input type="checkbox"/> In addition to the initial disclosure of identified information I authorize periodic exchange of information between Annas Resources and the noted agencies.
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**PLEASE REFER TO PAGE 2 FOR FURTHER INFORMATION AND SIGNATURE(S)**

I understand that the federal privacy law (45 CFR Part 164) protecting health information may not apply to the recipient of the information and, therefore, may not prohibit the recipient from redisclosing it. Other laws, however, may prohibit redisclosure.

I understand what information will be released, the purpose of the release of the information, and that there are statutes and regulations protecting the confidentiality of the information. Annas Resources' NOTICE OF PRIVACY PRACTICES describes the circumstances where disclosure is permitted or required by state or federal laws.

I understand the terms of this release and voluntarily give my authorization. I understand that I may refuse to sign this authorization form and understand that Annas Resources will not condition my treatment, or any payment, enrollment in a health plan, or eligibility for benefits on receiving my signature in this authorization. I further understand that I may revoke my authorization by giving written notice to the Quality Improvement Department of Annas Resources. Such revocation does not affect the validity of the consent for information disclosed/released prior to the revocation. If not revoked earlier, this authorization expires automatically one year from the date it is signed or upon \_\_\_\_\_ whichever is earlier.  
(date or event specified by client or dictated by the purpose of the authorization)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Specify if signature is that of client, parent(s), legal guardian, or personal representative)

Witnessed \_\_\_\_\_ Date \_\_\_\_\_  
(Witness signature is required only if the form is sent out of state or if the above client signature has been signed by a mark)

**This authorization is hereby revoked upon the signed and dated request of the client as noted below:**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Client signature)

The client has notified me verbally that he/she wishes to revoke this authorization with an effective **date of:** \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Staff signature)

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