

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Medicaid ID: \_\_\_\_\_ Record #: \_\_\_\_\_

INREACH  
4530 Park Rd. Ste. 300  
CHARLOTTE, NC 28209

Instructions:  
A. complete before signing  
B. sign in ink (no stamps) or electronically  
C. note expiration date

### CONSENT FOR RELEASE OF CUSTOMER INFORMATION

I hereby authorize the following agencies and/or individuals to release information from my Customer/patient record to InReach, Inc. I also authorize InReach, Inc. to release information from my Customer record to the following agencies:

AGENCY AND/OR INDIVIDUAL	ADDRESS

Information which may be released shall include:

1. Plan of care, education, training, and treatment plans,
2. Evaluation, consultation, and diagnostic procedure reports,
3. Case notes, progress notes, and case summaries, and
4. Medical, dental, and other health records and reports.
5. Other: \_\_\_\_\_

I understand that InReach will release and/or obtain this information as needed to coordinate the provision of care and services for me. I understand that the information to be released is personal and confidential and that I have the right to make this authorization or decline to make this authorization. I understand that there are statutes and regulations protecting the confidentiality of the information. I understand that if my record contains information relating to HIV infection, AIDS or AIDS related conditions or substance abuse issues this disclosure will include that information. I understand that my information may not be protected from re-disclosure by the requester of the information; however, if this information is protected by the Federal Substance Abuse Confidentiality Regulations and/or NC Mental Health, Developmental Disabilities, and Substance Abuse Act of 1985, the recipient may not re-disclose such information without my further written authorization unless otherwise provided for by state or federal law. I further understand that I may revoke this consent at any time except to the extent that action on this consent has been taken.

This consent to release information is for the period beginning \_\_\_\_\_  
and ending \_\_\_\_\_.

\_\_\_\_\_  
(Customer or Legal Guardian)

\_\_\_\_\_  
(Witness, if signed by a mark)

\_\_\_\_\_  
(Date signed)

\_\_\_\_\_  
(Additional authorization)