

UNC Department of Psychology Community Clinic

Evergreen House – 113 Cameron Ave. Davie Hall – Attn: Clinic CRCC - 212 Finley Golf Course Rd. Chapel Hill, NC 27599-3270

All Mail and Deliveries

(919) 962-6906 Voicemail (888) 707-2987 SECURE FAX

Email: clinic@unc.edu
http://clinic.unc.edu (website includes directions)

Authorization to Release Protected Information

This fo	orm authorizes the release of protected information for:
(1)	Records (check one): My OWN My CHILD's
(2)	One-way (check one) or two-way (check both):
	☐ FROM the UNC Department of Psychology Community Clinic (UNC-DPCC) ☐ TO the UNC Department of Psychology Community Clinic (UNC-DPCC)
(3)	Individual or agency to provide and/or receive information (based on above selection)
	Address
(4)	Reason for request: Treatment Assessment Coordinate Care Referral Other (please specify):
(5)	Info to be provided or released: Summary Full Clinical Record Assessment Report (if applicable) Other (please specify):
(6)	Authorization Expires:
UNE •	DERSTAND that: I may revoke this authorization at any time, but I must do so in writing and send my revocation to the Clinic Manager at the Davie Hall address listed in the header above. The revocation will not be effective to the extent that the information has already been disclosed. Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by applicable federal or state privacy rules. Records provided for purposes other than treatment may result in charges.
Client	Signature: Date:
	MINORS //Guardian: Date:
Witnes	ss Signature: Date: