

PATHWAYS COUNSELING CENTER

508E. Main St., Suite 201,
Elizabeth City, NC 27900
Phone (252) 338-5334 – Fax (252) 338-1779

RELEASE OF INFORMATION

(This form is for you to complete and return)

To coordinate services, I hereby authorize Pathways Counseling Center to release and/or receive information from the following agencies or individuals concerning my substance abuse assessment, recommendations for treatment, or progress toward my treatment goals and objectives. Please check or write in each agency or individual name we may release/receive information from. This release will automatically expire one year from the date indicated below.

☒ North Carolina Department of Health and Human Services

☒ Department of Motor Vehicles

Probation/Parole Officer

Attorney:

Name: _____

Address: _____

Phone: _____

☒ Counselor:

Name: New Directions

Address: 6797 N High Street Suite 350 Worthington OH 43085

Phone: 1-800-671-8589

Other:

Name: _____

Address: _____

Phone: _____

Client Signature: Amber Norwood Date 1/5/15

Staff Signature: _____ Date _____

This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR 420FR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.