Local Agency

REQUEST AND AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

I,(Local Agency Director of Health Benefits to disclose specifi for this purpose:		ne North Carolina Division of s of the person(s) listed below
Beneficiary's Name	SSN or Medicaid ID Number	From Dates of Service Thru
Specific Information to be disclo		
Send these records to: (Name and	address of local agency staff that info	rmation should be sent to)
I understand this authorization w	ill expire on this date, event or con-	dition
information; however, if this informations, the beneficiary is authorization unless otherwise production. This information is being request. "In performing any duties rearrangement for protective servindividuals, including the avail assessment and evaluation of the requested by the director. The demand for any information or copinion be relevant to the assor the director's representative public or private agency or individual and these records to the extent investigative information or record the State to prosecute a will undermine an ongoing or fully undermine an ongoing or fully information in question will juright of a defendant to receive Actions brought pursuant to this	commation is protected by the Federmay not re-disclose such information ovided for by state or federal law. The edition of the director of the discest the director may consult with able State or local law enforcement of the seriousness of any report of ability of the director or the director's representation of protects or provision of protects request and unless protected by widual shall provide access to and compermitted by federal law and regular or the right of a defendant or the right of a defen	General Statute 7B-302(e) ne report or the provision or any public or private agencies or ent officers who shall assist in the buse, neglect, or dependency when entative may make a written ial, that may in the director's ive services. Upon the director's the attorney-client privilege, any opies of this confidential information plations. If a custodian of criminal formation will jeopardize the right efendant to receive a fair trial or a order from a court of competent the an action, the custodian of the the evidence that disclosure of the to prosecute a defendant or the an ongoing or future investigation.
Signature of Local Agency Direct	ctor or Designee Date	e County