



**AUTHORIZATION TO DISCLOSE
INDEPENDENT LIVING
REHABILITATION INFORMATION**

Individual Name _____ Date of Birth _____

I _____ hereby authorize
Individual or Personal Representative

_____ to disclose specific rehabilitation information from the
Counselor Name/Address/Phone/Fax

records of the above-named individual to: _____

for the specific purpose(s): _____

I understand that my records are protected under confidentiality legislation and cannot be disclosed without my written consent unless otherwise provided for in the regulations. (See Page 2) I understand I may revoke this consent at any time except to the extent that action has been taken. This authority expires with the completion of all transactions related to services provided by the North Carolina Division of Services for the Blind (DSB) unless otherwise specified.

I further understand that I may request a copy of this signed authorization.

Signature of Individual

Date

Witness If Required

Signature of Personal Representative

Date

Personal Representative Relationship/Authority



RELEASE OF CONFIDENTIAL INFORMATION WITHOUT THE CONSENT OF THE INDIVIDUAL

- A. An employee may, in the course of providing rehabilitation services, disclose confidential information without the consent of the individual to other Agency employees.
- B. The Agency may authorize the release of confidential information to an organization, agency, or individual engaged in audit, evaluation, or research only for the purpose directly connected with the administration of the program or for purposes which would significantly improve the quality of life for persons with disabilities. Inquiries should be directed to the Assistant Director for Programs and Facilities. Before participating in such activities, the Division will ensure that:
 - 1. The information will be used only for the purposes for which it is being provided;
 - 2. The information will be released only to the persons officially connected with the audit, evaluation, research, or employee disciplinary action;
 - 3. The information will not be released to the individual;
 - 4. The information will be managed in a manner to safeguard confidentiality; and
 - 5. The final product will not reveal any personal identifying information without the informed consent of the individual.
- C. The Agency will share confidential information on a need-to-know basis with trainees, interns, and volunteers who will be bound by Agency policy concerning confidentiality in the same manner as employees.
- D. Confidential information must be released without consent in the following situations:
 - 1. In order to protect the individual or others when the individual poses a threat to his or her safety or the safety of others;
 - 2. If required by Federal law;
 - 3. In response to investigations in connection with law enforcement, fraud, abuse, or;
 - 4. In response to a judicial order.
- E. Periodically, the Agency will receive requests for individual information from attorneys in Workers' Compensation cases, who will not present a consent for release, but assert that Workers' Compensation information is not privileged under N. C. Law, G.S. 97-26 does state that information from physicians and surgeons who examine injured workers shall not be privileged. However, the Agency must require individual consent because Federal law and regulation (34 C.F.R 361.38) requires individual consent and must prevail in this situation.