**Department of Health and Human Services**

**Division of Aging and Adult Services**

**Notice of Request for Records for Adult Protective Services Evaluation**

This notice serves as a formal request for records for access to and copies of any information or report, whether or not confidential, you have regarding INSERT NAME OF ADULT HERE. This request is pursuant to the N.C.G.S 108A-103 as seen in the below excerpt:

*Any director receiving a report that a disabled adult is in need of protective services shall make a prompt and thorough evaluation to determine whether the disabled adult is in need of protective services and that services are needed. When necessary for a complete evaluation of the report, the director or her representative shall have the authority to review and copy any and all records or any part of such records, related to the care and treatment of the disabled adult that have been maintained by any individuals, facility or agency that have been providing care for the disabled adult. The staff and physicians of local health department, mental health agencies, and other public or private agencies shall cooperate fully with the director or her representative in the performance of her duties. The duties include the request for in-home evaluations where the director deems necessary.*

It is the opinion of the undersigned that the requested information is relevant to an adult protective services case. **Please include:** **LIST SPECIFIC RECORDS BEING REQUESTED HERE**

Thank you for your cooperation in this matter. If you have any questions, please contact me at Click or tap here to enter text.

Sincerely,