## COUNTY DSS REQUEST AND AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

I hereby request the North Carolina Division of (DSS Director or Designee)  Medical Assistance to disclose specific health information from the records of the person(s) listed below for this purpose:		
Recipient's Name	SSN or Medicaid ID Number	From Dates of Service Thru
Specific Information to be disclosed:		
Send these records to: (Name and address of DSS staff that information should be sent to)		
I understand this authorization will expire on this date, event or condition		
information; however, if this inf	ormation is protected by the Feder not re-disclose such information wi	re-disclosure by the requester of the ral Substance Abuse Confidentiality thout further written authorization
"In performing any duties rarrangement for protective serindividuals, including the avail assessment and evaluation of the requested by the director. It demand for any information of opinion be relevant to the assor the director's representative public or private agency or individual these records to the extent investigative information or record of the State to prosecute a will undermine an on going competent jurisdiction to preve of the records shall have the but the information in question we the right of a defendant to investigation. Actions brought p	related to the assessment of the vices, the director may consult with table State or local law enforcement of seriousness of any report of about the director or the director's report reports, whether or not confidence is request and unless protected be ideal shall provide access to and compermitted by federal law and regulards believes that release of the information or future investigation, it may sent the disclosure of the information of showing by preponderance of the information of the state of the information of the informati	the report or the provision or any public or private agencies or any officers who shall assist in the use, neglect, or dependency when presentative may make a written ential, that may in the director's expectation of the attorney-client privilege, any pies of this confidential information lations. If a custodian of criminal formation will jeopardize the right adant to receive a fair trail or seek an order from a court of any of the evidence that disclosure of the evidence that disclosure of the evidence and ongoing or future et down for immediate hearing, and

Signature of Local DSS Director or his Designee

Date

County