



PALMETTO

BEHAVIORAL HEALTH SYSTEM

Palmetto Pee Dee Behavioral Health
601 B Gregg Avenue
Florence, SC 29501
843.667.0644

Authorization for Use & Disclosure of Protected Health Information

Patient name: _____ DOB: _____ SSN: _____

I hereby authorize Palmetto Behavioral Health to (check one or both) Disclosure and/or Obtain Protected Health Information with:

Name: _____

Address: _____ City/State _____ Zip Code _____

Phone: _____ Fax: _____

Dates of Service: _____

Purpose of Disclosure: Continuing Care/Treatment Family/Friend Involvement in Treatment Legal Representation Payment Educational Placement Other

The protected information to be used/disclosed is Oral (only during treatment) Written Documents (as specified below): includes: (check all that apply)

- Dates of Treatment
- Psychiatric Evaluation
- Nurse Assessment
- Diagnosis
- History & Physical Exam
- Psychosocial Assessment
- Treatment plan
- Aftercare/Discharge Plan
- Discharge Summary
- Consults
- Other (specify) _____

I understand that information to be released may include information regarding drug abuse, alcohol abuse, psychological or psychiatric impairments, and HIV and/or physical conditions.

I certify this authorization is made voluntarily. I understand that the information to be released is protected under the state and federal laws (45 CFR parts 160, 164, 42 CFR part 2; 42 USC 20 odd - 3; 42 USC 290ee; SC Code Ann Section 19-11-95) and cannot be redisclosed without my further written consent unless provided for by state and federal law.

I understand I may revoke this authorization in writing at any time, except to the extent that action has already been taken, as stated in the Privacy Notice. If not previously revoked, this consent will expire one hundred eighty (180) days from the date of signature, date of discharge, or another date or condition specified. Other date or condition specified: _____

Signature of Patient

Date

Parent/Legal Guardian Signature

Date

Signature of Witness

Date

A fee for records may apply when records are released not related to treatment, payment or health care operations. Payment must be received prior to release of records when payment is required.

RECORDS NOT ROUTINELY FAXED EXCEPT FOR NECESSARY CONTINUING CARE

Palmetto Pee Dee Behavioral Health is now closed as of 04/2019.

Please contact UHS-NRO for all Records requests:

UHS - Nashville Regional Office
1000 Health Park Dr. Bldg. 3 Ste. 400
Brentwood, TN 37027

Email: nrorecordsrequests@uhsinc.com

Fax: 615-997-1200