



Western Carolina Rescue Ministries – Abba's House

225 Patton Ave, Asheville NC 28802 - Phone: 828-254-1529, Fax: 828-254-0428

Kelly@WesternCarolinaRescue.org

CONSENT FOR RELEASE of all Medical, Behavioral & General Health Information

Name: _____

Date of Birth: _____

Authorized Facility Western Carolina Rescue Ministries ~ Abba's House

I authorize Western Carolina Rescue Ministries / Abba's House to send and receive my case management information from these listed below.....

Release information listed below

History and Physical Assessment Medication Sheet Labs

Mental/Behavior Health Records Addictions Records Social Service Records

Other: _____

This information is to be released for the purpose of continuity of my medical care.

I understand that my records are protected under federal and state confidentiality regulations. They cannot be disclosed without my written consent unless otherwise provided for in the regulation. I also understand that I may change this consent at any time, except to the extent that action has been taken in reliance on it.

I understand that my medical records may contain information about alcohol and drug use, HIV status, etc.

This authorization shall become effective immediately and remain valid for 2 years after signature date.

Resident Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____