

NAME: _____ BIRTH DATE: _____

CONSENT FOR RELEASE OF APPLICANT'S INFORMATION TO THE DUPLIN COUNTY SHERIFF'S OFFICE

I hereby authorize VIDANT DUPLIN HOSPITAL to release specified information in applicant record to the Duplin County Sheriff's Office.

This data shall include copies of Admission Assessment, Psychiatric Evaluation, Treatment/Service Plan and copies of other information in the applicant's record considered pertinent by clinician.

Specific Purpose: To comply with the requirements of obtaining a permit to carry a concealed handgun.

This consent shall be valid for one year from the date it is signed.

Other information: Copies of any other information from the record determined to be clinically pertinent to assist the sheriff's office in determining eligibility for a person to carry a concealed hand gun.

The doctrine of informed consent has been explained to me and I understand the contents to be released, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information. I hereby acknowledge that this consent is truly voluntary and is valid until such request is fulfilled.

I understand that this consent allows the release of all information in applicant record, including substance abuse, HIV infection, AIDS or AIDS related conditions and any communicable disease(s).

I further acknowledged that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

SIGNATURE OF APPLICANT/LEGALLY RESPONSIBLE PERSON

DATE

THIS FORM MUST BE NOTARIZED

NOTARY STATEMENT

State of _____, County of _____, On this _____ day of _____, 20_____, personally appeared before me, the said named _____ to me known and known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged that he/she executed the same and being duly sworn by me, made oath that the statements in the foregoing are true.

SIGNATURE OF NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____

(SEAL)