Well Spring Intervention
LEVEL III RESIDENTIAL TREATMENT FACILITY · STAFF-SECURE
Outpatient Therapy · Case Management · Psychosocial Rehabilitation

Wake County, North Carolina
referral@wellspringintervention.com
Licensed under 10A NCAC 27G .1700

Release of Information (ROI)

Authorization to release / obtain protected health information

Form ID: WSI-F09

Authorization for Well Spring Intervention to release and/or obtain protected health information.

CHILD INFORMATION

Child's Name: _____ **Date of Birth:** _____

Medicaid ID: _____ **SSN (last 4):** _____

INFORMATION TO BE RELEASED / OBTAINED

Provider / Agency Name: _____

Contact Person: _____ **Phone/Fax:** _____

Type of information authorized:

- ■ Clinical / psychiatric records
- ■ Medical records
- ■ Medication records
- ■ Treatment plans
- ■ Assessment / evaluation reports
- ■ Progress notes
- ■ Discharge summary
- ■ Educational records (IEP/504)
- ■ All of the above

AUTHORIZATION PERIOD

Effective Date: _____ **Expiration Date:** _____

(Maximum 1 year unless otherwise specified by state law.)

Guardian Signature	**Printed Name**	**Date**
Witness Signature	**Printed Name**	**Date**