

Your Right To Receive Medical Records: As the authorized representative of the above named recipient, I understand that, as such, I may receive copies of the medical records. I further understand that those records are confidential, and are solely for the purpose of representing the recipient and that the records should not be shared with others.

MONITORING AND COMPLIANCE

NC Division of MH/DD/SAS:

Semi annual report of suspensions, terminations and denials in accordance with Area Program Performance Agreement.

Area Board:

Quarterly reports to Client Rights Committee

Administration:

Monthly monitoring by Deputy Area Director