

Date Received: _____

**AUTHORIZATION TO REQUEST/RELEASE INFORMATION
GREENVILLE COUNTY PROBATE COURT COMMITMENT DIVISION
(Power of Attorney)**

Patient Information

Name: _____ SSN: _____

Address: _____ DOB: _____

NOTICE TO AGENT

(INITIALS) I AM AWARE THAT WHEN THE DOCUMENTS IN THE ABOVE-NAMED'S COURT FILE REFLECT INFORMATION CONCERNING PSYCHOLOGICAL OR PSYCHIATRIC IMPAIRMENTS, DRUG ABUSE, AND/OR ALCOHOLISM AND/OR INFORMATION REGARDING HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND OTHER INFECTIOUS DISEASES, THAT THIS INFORMATION WILL BE RELEASED AS PART OF THE COURT FILE, IF CONTAINED IN THE REQUESTED DOCUMENTS.

(Initials) I may revoke this authorization by notifying Greenville County Probate Court Commitment Division in writing of my desire to revoke it. However, I understand that any action already taken in reliance upon this authorization cannot be reversed and my revocation will not affect those actions. Without written notice to withdraw this consent, this authorization expires at the earlier of the listed expiration date or upon the release of the information. Individuals will not be charged for copies of their own records, nor will an attorney or guardian representing the person. All others will be charged for copies at the per page rate in effect at the time of the request.

(Initials) INFORMATION DISCLOSED PURSUANT TO THE AUTHORIZATION MAY BE REDISCLOSED BY THE RECIPIENT AND NO LONGER PROTECTED BY THE FEDERAL PRIVACY REGULATIONS.

Witness

I, _____, affirm that I have been appointed by _____ as his/her true and lawful attorney in name and in fact. I hereby authorize the Commitment Division of the Greenville County Probate Court to release the following information from the court file to:

Agent's Name: _____

Agent's Address: _____

Telephone No.: _____ Email Address: _____

Court documents are requested: From _____ to _____

PORTION OF THE COURT FILE TO BE RELEASED

- _____ All documents
- _____ Affidavit & Application for Involuntary Emergency Admission for Chemical Dependency and Physician's Certification
- _____ Affidavit & Application for Emergency Hospitalization for Mental Illness and Physician's Certification
- _____ Affidavit and Petition for Involuntary Judicial Admission for Chemical Dependency
- _____ Petition for Judicial Admission (Mental Illness)
- _____ Application for Child in Need of Emergency Admission and Physician's Certification
- _____ Petition for Judicial Admission of a Child
- _____ Notices Regarding: Initiation of Proceedings, Hearing, Appointment of Examiners, Dates of Examination
- _____ Notices Regarding Supplemental Proceedings
- _____ Designated Examiners Reports
- _____ Court Documents from Proceedings to Involuntarily Admit a Person with Mental Retardation or Related Disability to the Services of the Department of Disabilities and Special Needs (DDSN) pursuant §44-20-450 of the S.C. Code
- _____ Court Orders
- _____ Other (please list): _____

DATE

Signature of Agent

SWORN to before me this _____ day of _____, 20 _____

NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES: _____

Request expires: _____