

AUTHORIZATION FOR RELEASE OF INFORMATION

Name:	ID#:	SS#:
Date of Birth:	Parent/Guardian:	

I authorize the following individual or agency to share written and oral information about me

Name or agency to release and receive information:	
Address:	
City/State/Zip:	
Phone:	Fax:

With the following individual or agency:

Name or agency to receive and release information:	
Address:	
City/State/Zip:	
Phone:	Fax:

The information released or shared may include:

<input type="checkbox"/> Employment records	<input type="checkbox"/> Financial records	<input type="checkbox"/> Medical Records	<input type="checkbox"/> Mental Health Information	<input type="checkbox"/> Child Abuse Information	<input type="checkbox"/> School Records
<input type="checkbox"/> Service/Benefit records	<input type="checkbox"/> Social history	<input type="checkbox"/> Substance abuse records	<input type="checkbox"/> Dependent Adult		
<input type="checkbox"/> Other (please specify): _____					

Other (note exceptions or limits to this release):**This information is being used ONLY for (state purpose):**

<u>SPECIFIC AUTHORIZATION FOR RELEASE</u>	Type of Information	Authorizing Initials
I authorize the release of the information listed at the right, which requires specific consent under federal law:	Mental health evaluation/treatment*	
	AIDS/HIV-related	
	Substance abuse**	

This authorization is valid for information already in existence and any information that may be generated while this authorization is effective. I understand that I have the right to see any information that is disclosed pursuant to this authorization for release. I may request to see this information during normal business hours. I understand that I can revoke my authorization at any time by completing form 470-3949, Request to Revoke an Authorization. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization shall expire on the date specified below. If I fail to specify an expiration date, this authorization will expire in one year after the date it is signed. I understand that authorizing the disclosure of this information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand that if the persons or organization authorized to receive this information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations. However, there may be other federal or state laws that require the information to remain confidential.

Authorizing signature:	Date:	Expiration date:
Relationship to client: <input type="checkbox"/> Self <input type="checkbox"/> Legal representative <input type="checkbox"/> Nearest living relative <input type="checkbox"/> Other (specify below)		
<input type="checkbox"/> Not Required	Witness signature:	
<input type="checkbox"/> Required	Witness signature:	

A photocopy of this signed authorization shall have the same force and effect as this original.

This authorization expires on: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Notice to Recipients of Mental Health Information

In accordance with "Disclosure of Mental Health and Psychological Information" (Iowa Code, Chapter 228), a recipient of mental health information may further disclose this information only with the written authorization of the subject or the subject's legal representative or as otherwise provided in Chapters 228 and 229. Unauthorized disclosure is unlawful and civil damages and criminal penalties may apply. Federal confidentiality rules (42 CFR Part 2) restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Notice to Recipients of Substance Abuse Information

This information has been disclosed from records whose confidentiality is protected by federal law. Iowa Code, Chapter 125 and federal regulations (42 CFR, Part 2) prohibit any further disclosure without the specific written authorization of the person to whom the information pertains, or as otherwise permitted by such statute and regulations. A general authorization for the release of medical or other information is not sufficient for this purpose. Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Notice to Recipients of HIV-Related Testing Information

This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of the information without specific written consent of the person to whom it pertains, or as otherwise permitted by law. A general authorization for the release of medical or other information is not sufficient for this purpose. (Iowa Code Section 141A.9) Federal confidentiality rules (42 CFR, Part 2) restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

LEGAL PROVISIONS FOR THE HANDLING OF CHILD ABUSE INFORMATION

Redissemination of Child Abuse Information (Iowa Code 235A.17)

A person, agency, or other recipient of child abuse information shall not redisseminate this information. However, redissemination is permitted when all of the following conditions apply:

- ◆ The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- ◆ The person to whom the information would be redisseminated would have independent access to the same information under Iowa Code Section 235A.15.
- ◆ A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
- ◆ The written record is forwarded to the Registry within 30 days of the redissemination.

Criminal Penalties (Iowa Code 235A.21)

- ◆ Any person is guilty of a criminal offense when the person:
 - Willfully requests, obtains, or seeks to obtain child abuse information under false pretense.
 - Willfully communicates or seeks to communicate child abuse information to any agency or person except in accordance with Iowa Code Sections 235A.15 and 235A.17.
 - Is connected with any research authorized pursuant to Iowa Code Section 235A.15 and willfully falsifies child abuse information or any records relating to child abuse.
- ◆ Upon conviction for each offense, the person shall be punished by a fine of up to \$1,000 or imprisonment for not more than two years, or by both fine and imprisonment.
- ◆ Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child abuse information except in accordance with Iowa Code Sections 235A.15 and 235A.17 shall be fined not more than \$100 or be imprisoned not more than ten days for each such offense.

Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapter 235A shall be grounds for the immediate withdrawal of any authorized access that the person might otherwise have to child abuse information.

Legal Provisions for the Handling of Dependent Adult Abuse

Redissemination of Dependent Adult Abuse Information, Iowa Code 235B.8

A person, agency, or other recipient of dependent adult abuse information shall not retransmit (release) this information. However, retransmission is permitted when all of the following conditions apply:

- The retransmission is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- The person to whom the information would be retransmitted would have independent access to the same information under Iowa Code section 235B.6.
- A written record is made of the retransmission, including the name of the recipient and the date and purpose of the retransmission.
- The written record is forwarded to the Central Abuse Registry within 30 days of the retransmission.

Criminal Penalties, Iowa Code 235B.12

Any person is guilty of a criminal offense when the person:

- Willfully requests, obtains, or seeks to obtain dependent adult abuse information under false pretense.
- Willfully communicates or seeks to communicate dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235B.6 through 235B.8.
- Is connected with any research authorized pursuant to Iowa Code section 235B.6 and willfully falsifies dependent adult abuse information or any records relating to dependent adult abuse.

Upon conviction for each offense, the person shall be punished by a fine of up to \$1,000 or imprisonment for not more than two years, or by both fine and imprisonment.

Any person who knowingly, but without criminal purposes, communicates, or seeks to communicate dependent adult abuse information except in accordance with Iowa Code sections 235B.6 and 235B.8 shall be fined not more than \$100 or be imprisoned not more than ten days for each such offense.