



CONSENT TO RELEASE INFORMATION

Plains Area Mental Health Center

180 10th St. SE. Suite 201

P.O. Box 70 Le Mars, Iowa 51031

Phone: 712-546-4624

Fax: 712-546-9395

Client's Legal Name: _____ DOB: _____

By signing this form, I am allowing Plains Area Mental Health Center to RELEASE ☒ or OBTAIN ☒ written and oral information by telephone, fax, electronic data exchange or mail concerning the above named client with the following individual or agency:

Name of Person and or/ Institution Phone Number

Address City State Zip Code Fax Number

Check the Information to be disclosed:

- | | | |
|--|--|--|
| ☐ Psychiatric Evaluation | ☐ Laboratory Results | ☐ Clinical Notes |
| ☐ Initial Assessment (CDE) | ☐ Billing Information | ☐ Medication List |
| ☐ Psychological Evaluation | ☐ Treatment Plan/ Diagnosis | ☐ Social History |
| ☐ DOT/SUD Evaluation | ☐ Treatment Summary | ☐ Appointment Dates |
| ☐ Psychiatric Notes | ☐ Discharge Summary | ☐ All of the above |
| ☐ Other: (Please Specify) _____ | | |

Please indicate the reason for release:

- ☐ Continuity of Care ☐ Rehab/Disability ☐ Legal ☐ Insurance ☐ Transferring Care
☐ Other: (Please Specify) _____

This authorization is voluntary. I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. If I choose to revoke this consent, I must send written notification to: Medical Records, Plains Area Mental Health Center. If I revoke this consent, I understand that information may have been released prior to the cancellation, and that action would not be considered a breach of confidentiality. I also acknowledge that: 1) recipients of this information may possibly re-release the information without proper authorization, and 2) once information is disclosed it may no longer be protected by federal privacy regulations. I understand that I may review the disclosed information or ask questions by contacting Medical Records at the above address. Confidentiality of the information is protected by Federal Law (HIPAA, 42 CFR § 2, and 45 CFR § 164) and the code of Iowa Chapter 228. 42 CFR Part 2 prohibits unauthorized use or disclosure of these records. Part 2 redisclosure is prohibited, unless further disclosure is expressly permitted with the client's written consent, except as permitted by 42 CFR Part 2, HIPAA, and applicable state laws. I understand that If HIPAA covered entities and business associates receive these records for treatment, payment, and health care operations purposes, the records may be redisclosed in accordance with HIPAA, except for uses or disclosures for civil, criminal, administrative, or legislative proceedings against me.

I understand that Plains Area Mental Health Center may not condition treatment, payment, enrollment or eligibility for benefits on whether or not I sign this authorization, except that a) Plains Area Mental Health Center may condition the provision of research-related treatment on provision of an authorization for the use or disclosure of protected health information for such research, and b) Plains Area Mental Health Center may condition the provision of health care that is solely for the purpose of creating protected health information for disclosure to a third party on the provision of authorization for that third party.

SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW

I understand that the information to be released may include information in the following categories unless I specifically deny the release (initial any category not to be released).

_____ Substance Abuse _____ Mental Health _____ HIV-related Information _____ Genetic Tests/Info

If I do not revoke consent, this release will expire one year from the date signed below, or on date/event specified here: _____

Client Signature

Date

Parent/Legal Guardian/Representative Signature

Relationship to Client

Date

Signature of PAMHC Staff Witness

Date

**Only clients 18 years of age or older, or legal representative, can authorize release of mental health information.
Only clients, regardless of age, can authorize release of substance abuse information.**