



**MAIN OFFICE:**  
**LE MARS**  
 180 10th St. SE, Suite 201  
 P.O. Box 70 • Le Mars, Iowa 51031-0070  
 712-546-4624 • 1-800-325-1192  
 FAX 712-546-9395  
 www.plainsareamentalhealth.org

**AUTHORIZATION FOR RELEASE AND/OR EXCHANGE OF BEHAVIORAL HEALTH INFORMATION**

I authorize communication between:

Plains Area Mental Health Center and the Iowa Department of Health to share protected health care information pertinent to my treatment episode for the purposes of data collection and/or follow-up contact.

The purpose of this disclosure is to allow data entry for state surveying in the Iowa Department of Public Health IBHRS system. As well as support satisfaction surveying and quality improvement through IMSACP (Iowa Managed Substance Abuse Care Plan).

I further understand that my records are protected under the Federal regulations governing confidentiality of alcohol and drug abuse patient records, 42 CFR part 2 and the Health Insurance Portability and Accountability Act of 1996 (HIPPA), 45 CFR Parts 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires upon completion of follow-up activities or one year from discharge, whichever is later.

**Signature of Patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Plains Area Mental Health Staff:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_ I understand that I may review the disclosed information with professional staff. \_\_\_\_ Yes \_\_\_\_ No

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Confidentiality of mental health information is protected by federal and state law, i.e. Chapter 228 of the Iowa Code and the federal regulations governing Confidentiality of Alcohol and Drug Abuse Client Records, 42 CFR Part 2, and cannot be further disclosed without the written consent to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any substance use disorder patient. Unauthorized disclosure may result in civil damages and criminal penalties.

**SATELLITE OFFICES:**

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|--|--|---|---|--|--|
| <b>CARROLL</b><br>P.O. Box 794<br>Carroll, IA 51401-0794<br>712-792-2991 | <b>CHEROKEE</b><br>P.O. Box 972<br>Cherokee, IA 51012-0972<br>712-225-2575 | <b>IDA GROVE:</b><br>P.O. Box 168<br>Ida Grove, IA 51445-0168<br>712-364-3500 | <b>ORANGE CITY</b><br>P.O. Box 70<br>Le Mars, IA 51031-0070<br>800-325-1192 | <b>STORM LAKE</b><br>P.O. Box 150<br>Storm Lake, IA 50588-0150<br>712-213-8402 | <b>DENISON</b><br>P.O. Box 426<br>Denison, IA 51442-0426<br>712-263-3172 |
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