



Release of Information

CLIENT _____
ADDRESS: _____ DATE OF BIRTH: _____

I, the undersigned, hereby authorize the staff of Care Connections of Northern Iowa to release and / or obtain the information indicated below, regarding the above named consumer, with:

Name of Person or Agency _____

Complete Mailing Address _____

The information being released will be used for the following purpose:

- Planning and implementation of Services
Coordination of services
Monitoring of services
Referral for new or other services
Other (Specify)

Your eligibility for services or funding is is not dependent upon signing this release. {See CFR 164.508(b)(4)}

INFORMATION TO BE RELEASED FROM COMMUNITY SERVICES:

- SOCIAL HISTORY
PROGRESS SUMMARY REPORT
INDIVIDUAL COMPREHENSIVE PLAN
ANNUAL REVIEW
DISCHARGE SUMMARY
RE-RELEASE OF 3RD PARTY INFO (Specify)

(Your information will not be re-released without a signed authorization)

- TREATMENT PLAN
OTHER (Specify)

INFORMATION TO BE OBTAINED FROM THE AGENCY INDICATED ABOVE:

- SOCIAL HISTORY
EDUCATIONAL/VOCATIONAL PLANS
PROGRESS SUMMARY
PSYCHOLOGICAL EVALUATION/ REPORTS
PSYCHIATRIC ASSESSMENT / REPORTS
MEDICAL HISTORY

- DISCHARGE SUMMARY
RE-RELEASE OF 3RD PARTY INFO
FINANCIAL DOCUMENTATION
OTHER (Specify)

This authorization shall expire on: _____ (Not to exceed 12 months)

At that time, no express revocation shall be needed to terminate my consent. I understand that this consent is voluntary and I may revoke this consent at any time by sending a written notice to Care Connections of Northern Iowa.

SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW: I specifically authorize the release of data and information relating to Mental Health.

Signature of Client or Legal Guardian: _____ Date: _____

Relationship if NOT The Client _____

SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAWS:

I specifically authorize the release of data and information relating to:

- Substance Abuse (must be signed by the consumer)
HIV-Related Information

Client Signature Date Guardian Signature Date

In order for this information to be released, you must sign here and on the signature line above.

Copy given to Client on: _____ OR Client refused copy on: _____