



**ALCOHOL & DRUG DEPENDENCY SERVICES  
OF SOUTHEAST IOWA**

I, \_\_\_\_\_ authorize release of the following information:

- \_\_\_\_\_ Name and admission status,
- \_\_\_\_\_ Intake and initial evaluation,
- \_\_\_\_\_ Social History,
- \_\_\_\_\_ Comprehensive Treatment Plan,
- \_\_\_\_\_ General progress including compliance with treatment plan,
- \_\_\_\_\_ Discharge Summary,
- \_\_\_\_\_ Evaluation and recommendations,
- \_\_\_\_\_ Urinalysis results,
- \_\_\_\_\_ Dates and time of appointments,
- \_\_\_\_\_ Other \_\_\_\_\_

From \_\_\_\_\_

TO \_\_\_\_\_

I understand that this information will be used:

- \_\_\_\_\_ To provide further information for evaluation/assessment,
- \_\_\_\_\_ To assist in developing a treatment plan,
- \_\_\_\_\_ To co-ordinate client services,
- \_\_\_\_\_ To inform referral source that individual kept appointments,
- \_\_\_\_\_ To schedule or to reschedule appointments,
- \_\_\_\_\_ To acknowledge presence in facility,
- \_\_\_\_\_ To assist in the collection of treatment fee,
- \_\_\_\_\_ To \_\_\_\_\_

I understand that my alcohol and/or drug treatment and/or problem gambling records are protected under the state and federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records. This includes 42 C.F.R. Part 2 (for substance abuse only) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Pts. 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 automatically (complete one item below):

- \_\_\_\_\_ at the end of \_\_\_\_\_ days
- \_\_\_\_\_ by the following event or condition \_\_\_\_\_

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

Signature \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian Signature (for minors) \_\_\_\_\_

Date \_\_\_\_\_