

Southwest Iowa Mental Health Center

1500 E 10th St. Atlantic, IA 50022

712-243-2606

AUTHORIZATION TO DISCLOSE INFORMATION TO PRIMARY CARE PROVIDER

I understand that my records are protected under the applicable state and federal laws governing health care information that relates to mental health services and cannot be disclosed without my written consent unless otherwise provided for in state or federal regulations. I also understand that I may revoke the consent at any time except to the extent that action has been taken in reliance on it. This release will automatically expire twelve months from the date signed.

I, _____, _____ hereby authorize the
(Please Print Patient's name) (Date of Birth)

Southwest Iowa Mental Health Center to release the following Mental Health information:

- Psychiatric Diagnostic Information
- Current Psychiatric Medications
- Date of Discharge

Please initial one of the following:

_____ Release above listed information to my Primary Care Provider

Provider's Name/Office _____

Address & Phone Number _____

_____ Do not release information to my Primary Care Provider

_____ Do not currently have a Primary Care Provider

(Signature of Patient or Responsible Party) (Date) (Witness)

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

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

- Substance Use (Alcohol/Drug) HIV Related Information

Signature of Patient or Responsible Party Date

PROHIBITION ON REDISCLOSURE: THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY FEDERAL LAW. FEDERAL REGULATIONS (42 CFR, PART 2) PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURE OF THIS INFORMATION EXCEPT WITH THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IF HELD BY ANOTHER PARTY IS NOT SUFFICIENT FOR THIS PURPOSE. FEDERAL REGULATIONS STATE THAT ANY PERSON WHO VIOLATED ANY PROVISION OF THIS LAW SHALL BE FINED NOT MORE THAN \$500 IN THE CASE OF A FIRST OFFENSE, AND NOT MORE THAN \$5000 IN THE CASE OF EACH SUBSEQUENT OFFENSE.