



CICS

Supporting Individuals. Strengthening Communities.

POWESHIEK

Central Iowa Community Services
Poweshiek County Office
200 4th Ave. W • PO Box 401
Grinnell, Iowa 50112
Ph: (641) 236-9199 • Fax: (641) 236-1349

RELEASE OF INFORMATION

CLIENT: _____ STATE ID#: _____

ADDRESS: _____ DATE OF BIRTH: _____

I, the undersigned, hereby authorize the staff of Central Iowa Community Services 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 CENTRAL IOWA COMMUNITY SERVICES:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | SOCIAL HISTORY |
| <input type="checkbox"/> | <input type="checkbox"/> | PROGRESS SUMMARY REPORT |
| <input type="checkbox"/> | <input type="checkbox"/> | INDIVIDUAL COMPREHENSIVE PLAN |
| <input type="checkbox"/> | <input type="checkbox"/> | ANNUAL REVIEW |
| <input type="checkbox"/> | <input type="checkbox"/> | DISCHARGE SUMMARY |
| <input type="checkbox"/> | <input type="checkbox"/> | RE-RELEASE OF 3 RD PARTY INFO (Specify) |

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

OTHER (Specify) _____

INFORMATION TO BE OBTAINED FROM THE AGENCY INDICATED ABOVE:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | SOCIAL HISTORY |
| <input type="checkbox"/> | <input type="checkbox"/> | EDUCATIONAL/VOCATIONAL PLANS |
| <input type="checkbox"/> | <input type="checkbox"/> | PROGRESS SUMMARY |
| <input type="checkbox"/> | <input type="checkbox"/> | PSYCHOLOGICAL EVALUATION/REPORTS |
| <input type="checkbox"/> | <input type="checkbox"/> | PSYCHIATRIC ASSESSMENT/REPORTS |
| <input type="checkbox"/> | <input type="checkbox"/> | MEDICAL HISTORY |
| <input type="checkbox"/> | <input type="checkbox"/> | TREATMENT PLAN |
| <input type="checkbox"/> | <input type="checkbox"/> | DISCHARGE SUMMARY |
| <input type="checkbox"/> | <input type="checkbox"/> | RE-RELEASE OF 3 RD PARTY INFO (Specify) |

- 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 Central Iowa Community Services. I understand that any information released prior to the revocation may be used for the purposes listed above and does not constitute a breach of my rights to confidentiality. I understand that any disclosure of information carries with it the potential for un-authorized re-disclosure and once the information is disclosed, it may no longer be protected by federal privacy regulations. I understand that I may review the disclosed information by contacting the recipient named or Central Iowa Community Services.

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) **NOTE:** Information protected by the Federal confidentiality law (42 CFR Part 2) will not be disclosed.
- HIV-Related Information

Client Signature

Date

Guardian Signature

Date

In order for substance abuse and/or HIV-related information to be released, you must sign here and on the signature line above.