CREATIVE COUNSELING GROUP PLC

3801 River Ridge Dr. NE
Cedar Rapids, IA 52402
319-200-1022

Authorization to release or obtain Protected Health Information

Client Name_____ Date of Birth: _____

Address: _____ Phone # _____

I, the undersigned, hereby authorize Creative Counseling Group, PLC to **release and exchange**, as much protected health information as it, in its full discretion, deems reasonably necessary for the purpose set forth by therapist and client/legal guardian to:

Name/Organization: _____ Phone: _____

Address: _____ Fax or E-mail: _____

The following information may be included:

___ Entire Record ___ Medical ___ Psychotherapy Note/testing ___ Psychiatry

___Substance abuse ___ Insurance ___ Educational/Occupational ___ Legal

___ HIV/AIDS related Information ___ Other _____

This information may be released for:

___ Care coordination/collaboration ___ Billing ___Medical ___ Legal

___ Other _____

This authorization is effective for ***one year*** from the date on which it was signed. I understand that I may revoke this authorization at any time, except the extent that action has already been taken in reliance upon it, by giving written notice to Creative Counseling Group, PLC. I understand that that if the recipient of this information is not a health plan or provider the released information may no longer be protected by federal privacy regulations.

I acknowledge that information to be released may include material that is protected by state and/or federal law applicable to mental health, alcohol/drug abuse, HIV/AIDS or these. My signature authorizes release of all such information as specified above.

_____ _____

Signature of Identified Client/Parent/Legal Guardian Relationship

_____ _____

Witness Date

Prohibition on Redisclosure

This form dos not authorize redisclosure of medical information beyond the limits of this consent. Where information has been disclosed from records protected by federal law of alcohol/drug abuse records, by state law for mental health records of HIV/AIDS related records, federal requirements (42 CFR Part 2) and state requirements (Iowa Code chs. 228/141) prohibit further disclosure without the specific written consent of the patient, or as otherwise permitted by such law and/or regulations. A general authorization for the release of medical or other information is not sufficient for these purposes. Civil and/or criminal penalties may attach for authorized disclosure of alcohol/drug abuse, mental health or HIV/AIDS information.