



IOWA ARTHRITIS & OSTEOPOROSIS CENTER

Authorization for Release of Medical Information

INSTRUCTIONS: Make sure all areas are completed, failure to do so may delay or prevent release of information.

PATIENT: Name: _____

IDENTIFICATION: Date of Birth: _____

Parents/Previous name(s): _____

PROVIDER: Name: _____
(Who is releasing the information sent)

INFORMATION: Complete Records _____

Lab _____ X-ray _____

Office Visit Notes _____ Other _____

PURPOSE: Transferring Medical Care Moving
 Insurance Coverage Other _____

INFORMATION Name: _____

SENT TO: Address: _____

Specific Authorization for Release of Information Protected by State or Federal Law

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

- Substance abuse (alcohol/drug) Mental Health (includes psychological testing)
- HIV-related information (AIDS-related testing) Genetic Testing
- Does Not Apply**

The 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 to the extent that action has already been taken in reliance upon it, by giving written notice to Iowa Arthritis & Osteoporosis Center (IAOC). I understand that I have the right to inspect the information to be disclosed upon the proper notification to and under appropriate conditions established by IAOC. The statements made in this authorization are binding, controlling and I understand that they take precedence over statements made in the IAOC Notice of Privacy Practices.

Signature of Patient or
Legal Representative: _____ Date: _____

Relationship to Patient,
If not signed by Patient: _____ Witness: _____

Date Information Sent: _____ Person Releasing Records: _____ Physician: _____

PROHIBITION OF REDISCLOSURE

Where information has been disclosed from records protected by federal law for alcohol/drug abuse records or by state law for mental health records, federal requirements (42.C.F.R. Part 2) and state requirements (Iowa Code ch. 228) 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 unauthorized disclosure of alcohol/drug abuse or mental health information. I understand all other information used and/or disclosed according to this authorization may be re-disclosed by the recipient of the information and may no longer be protected by federal law.