

Susan M. Williams, LISW, LLC
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Authorization to Disclose Protected Health Information

Regarding:

Client's full name

Client's date of birth

I, the undersigned, hereby authorize Susan M. Williams, MSW, LISW, to _____ disclose _____ obtain (check one or both) Protected Health Information (PHI) to/from the individual's record with:

Name of Individual, Provider, Agency or School

Phone

Address

City

State

Zip

The following information may be included: (check all that apply)

_____ Medical: Evaluation, case notes, or treatment reports

_____ Academic: School personnel contact, Report cards, test results, evaluation results, teacher contact, behavior observations

_____ Psychological: Evaluation reports, test results, case notes, letters

_____ Substance and alcohol abuse information

_____ HIV/AIDS-related information

_____ Fax (if records are inadvertently received by an unauthorized recipient, through no fault of the sender, I waive claim against the sender)

_____ Email (if information is inadvertently received by an unauthorized recipient, through no fault of the sender, I waive claim against the sender)

I understand that:

1. This information is to be used for collaborative purposes for patient care.
2. I have the right to inspect the health information disclosed.
3. Iowa law prohibits re-disclosure of the information by the recipient of the information.
4. I can receive a copy of this authorization.
5. This authorization is effective for 12 months from the date it was signed or at the time of discharge from therapy.
6. I may revoke this authorization by sending a written notice to Megan Heitzman. The revocation becomes effective when it is received. Any information released prior to revocation which was released because of this authorization will not constitute a breach of confidentiality.
7. A revocation will not be considered valid if the authorization was obtained as a condition for receiving insurance coverage for services and the insurer has a legal right to contest a claim.

Signature of client or client's legal guardian

Relationship to client

Date

The confidentiality of this information is protected by Federal Laws including the Health Insurance Portability and Accountability Act of 1996 and the Code of Federal Regulations, as well as Iowa Law (Iowa Code Chapter 228). Iowa Law requires that disclosure can only be made pursuant to the written authorization of the patient/client or the patient/client's legal representative. The unauthorized disclosure of re-disclosure of mental health information is unlawful. Civil/criminal penalties may apply.