



Consent to Release of Information

I _____ (Printed Client Name), direct **Bridges of Iowa** to disclose¹ my HIPAA and 42 CFR part 2 protected health information² to:

Name (agency or entity and a specific physician or person)

Address/Phone

Bridges of Iowa may disclose the following (initial all that apply):

All protected information	
<input type="checkbox"/> or Individually:	<input type="checkbox"/> Laboratory results
<input type="checkbox"/> Alcohol and drug history	<input type="checkbox"/> Legal history
<input type="checkbox"/> Assessments and test	<input type="checkbox"/> Medical history
<input checked="" type="checkbox"/> Attendance records (Before 2014 or After 6-15-17)	<input type="checkbox"/> Physical examination
<input type="checkbox"/> Billing records	<input type="checkbox"/> Program status
<input type="checkbox"/> Coordination of care	<input type="checkbox"/> Progress notes
<input type="checkbox"/> Discharge summary	<input type="checkbox"/> Social history
<input type="checkbox"/> Evaluations	<input type="checkbox"/> Summary of treatment
<input type="checkbox"/> Financial and insurance information	<input checked="" type="checkbox"/> Other (please specify): Please
<input type="checkbox"/> Initial evaluation and recommendation	provide breakdown of dates for the 3.5, 3.1, and 2.5 levels of care.

By signing this form I understand and agree that I may revoke my consent at any time, except to the extent that Bridges of Iowa has already disclosed information in reliance on this form. I have been provided a copy of this form, as well as the notice prohibiting redisclosure of my records that will be provided to anyone receiving my records pursuant to this release.

--- Consent to Release ---

--- Revocation ---

Client Signature

Date

Client Signature

Date

Staff Signature (witness)

Date

Staff Signature (witness)

Date

¹ NOTICE PROHIBITING RE-DISCLOSURE OF SUBSTANCE USE DISORDER INFORMATION This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of information in this record that identifies the person identified in these records as a guest of Bridges of Iowa, or as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.

² Alcohol and drug treatment records are protected both under the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164, and the Confidentiality of Alcohol And Drug Abuse Patient Records, 42 CFR Part 2. Unless otherwise provided for in the regulations, these types of records cannot be released without the specific written consent of the guest. This release will automatically expire one year from the date on which a guest is discharged from the program. Any information released pursuant to this release may not be re-disclosed without the consent of the guest.