Cedar Rapids Counseling & Psychotherapy
Alexandria Carey, LISW
4403 1st Ave. SE Suite 309 Cedar Rapids, IA 52402
319-362-0632

## Authorization to Release Protected Health Information

Client name: _____ Client date of birth: _____

I, the undersigned, hereby authorize Alexandria Carey, LISW at Cedar Rapids Counseling & Psychotherapy Group, LLP to release and exchange protected health information (via U.S. Mail, phone, or fax) from my clinical record with:

Name: _____
Address: _____
City/State/Zip Code: _____ Phone: _____
Relationship to client: _____

The following information may be included:

____ Medical
____ Psychiatric
____ Psychological
____ Financial/insurance information
____ Substance and alcohol abuse information
____ HIV/AIDS-related information
____ Other: _____

This information is to be used for the following purpose(s):

____ Coordination of care with another health care provider
____ Other: _____

I understand that:

1. This authorization will remain in effect for one year unless otherwise specified here: _____

2. I have the right to revoke this authorization by providing a written notice to Alexandria Carey at the above address. I understand that the revocation is effective the date it is received and that any information released prior to the revocation will not constitute a breach of confidentiality. The revocation will not be effective if the authorization was obtained as a condition of receiving health insurance coverage for services, and the insurer has a legal right to contest a claim.

3. I have a right to inspect the health information disclosed and to receive a copy of this authorization upon my request.

_____ Self Parent Legal Guardian _____
Signature of client, parent, or legal guardian *(relationship to client)* Date

_____ Psychotherapist _____
Alexandria Carey, LISW *(relationship to client)* Date

**WARNING: 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 (42 CFR Part 2, Public Law 93-282, Section 2.31(a) and 2.33) as well as Iowa law (Iowa Code Chapter 228). Iowa law requires that disclosures can only be made pursuant to the written authorization of the patient or patient's legal representative. The unauthorized disclosure or re-disclosure of mental health information is unlawful. Civil and/or criminal penalties may apply to the unauthorized disclosure of mental health information.**