CORRIDOR CHRISTIAN COUNSELING CENTER, LLC
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AUTHORIZATION TO RELEASE PROTECTED **HEALTH INFORMATION**

Patient Name:_____ Patient Date of Birth:_____
I, the undersigned, hereby authorize_____ of CCCC to release to and obtain from:

_____ _____
(Name of Recipient) (Address, City, State, Zip)

_____, protected information from my clinical records.
(Telephone Number of Recipient)

The following information may be included:
_____Medical: Evaluation or treatment reports
_____Psychiatric: Evaluation reports, clinical notes, discharge summary
_____Psychological: Evaluation reports, test results, psychotherapy progress notes
_____Substance abuse and alcohol abuse information
_____HIV/AIDS-related information
_____Other information as indicated_____
The information is to be used for the following purpose(s):_____
_____.

This authorization will remain in effect until_____.
(Date: 1 year from signature)

I understand that I may revoke this authorization by sending a written notice to Corridor Christian Counseling Center, LLC, 1110 Tall Grass Ave, Tiffin, IA 52340. The revocation becomes effective when it is received. I understand that any information released prior to a revocation and which was released because of this authorization will not constitute a breach of confidentiality. Also, the revocation will not be effective 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.

I further understand that I have a right to inspect the health information disclosed. I understand that Iowa law prohibits re-disclosure of the information by the recipient of the disclosed information.

I know that I am entitled to receive a copy of this authorization.

_____ _____
(Signature of Patient or Legal Guardian) (Type of relationship to Patient)

(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, Sections 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. (Check if copy was provided to patient_____). (Client refused copy _____).
initials