

(Please print and sign the following form only if it is applicable.)

Juliene Lemon, LMHC

1560 Boyson Road, Suite B
Hiawatha, Iowa 52233
(319) 981-2122

Authorization to Release Information

Client Name: _____ Date of Birth: _____

I, the undersigned, hereby authorize Juliene Lemon, LMHC to release and exchange protected health information to:

Name: _____

Address: _____

Phone: _____

The following information may be included:

- ____ ALL health information about me
- ____ Mental health/counseling
- ____ Medical
- ____ Psychiatric
- ____ Psychological
- ____ Substance and alcohol abuse information
- ____ HIV/AIDS-related information
- ____ Other information as indicated: _____

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

____ Coordination of care ____ Medical ____ Legal ____ Other: _____

This authorization expires one year from the date of signature, unless previously revoked or otherwise indicated here: _____ (enter date if different than one year).

I understand that I may revoke this authorization by providing Juliene Lemon, LMHC with written notice, with the revocation becoming effective when it is received and also with the exception that the revocation will not have any effect on any action taken prior to the revocation.

I further understand that I have a right to discuss and/or review information to be released and to correct any errors by notifying Juliene Lemon, LMHC of these errors. I understand that Iowa law prohibits re-disclosure of the information by the recipient of this information. I know that I am entitled to receive a copy of this authorization.

Signature of Client or Legal Guardian

Relationship to Client

Date

Witness

____ Copy offered to client

Attention: 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 and Section 141.23 (3) of the Iowa Code and other applicable laws. 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.