



I hereby voluntarily authorize the use and/or disclosure of my health information as described below. I understand that if the entity authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations.

This authorization is effective for one year from the date on which it was signed. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken in reliance upon it, by giving written notice to UnityPoint Clinic (UPC). I understand that I have the right to inspect the information to be disclosed upon the proper notification to and under conditions established by the organization.

Form with sections: PATIENT IDENTIFICATION, PROVIDER (Who is to disclose the information?), RECIPIENT (Who is to receive the information?), PURPOSE OF RELEASE (Check all that apply), INFORMATION (What information should be released?) (Check all that apply)

I understand my healthcare and payment for my healthcare will not be affected by this authorization.

SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW. I specifically authorize the release of information relating to: (check all that apply) [] Mental health, [] HIV-related information (including AIDS and related testing), [] Substance abuse treatment (Alcohol/Drug)

Signature of patient or legal representative: _____ Date: _____

Relationship to patient, if signed by legal representative: _____

PROHIBITION ON REDISCLOSURE. This form does not authorize redisclosure of medical information beyond the limits of this consent. Where information has been disclosed from records protected by federal law for alcohol/drug abuse treatment records or by state law for mental health records, federal requirements (42 CFR Part 2) and state requirements prohibit further disclosure without the specific written consent of the patient, or as otherwise permitted by such law and/or regulations.



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HIV-related information (including AIDS and related testing)
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