Divine Word College

P. O. Box 380 102 Jacoby Dr. SW Epworth, Iowa 52045-0380 (563) 876-3353 ext. 245

Authorization for Release and/or to Obtain Information

Name _____ Date of Birth_____
Other name(s) used: _____ SS # _____

Notice to Recipient of Information

This information has been disclosed to you from records whose confidentiality may be protected by Federal and State Law. If the records are so protected, Federal Regulation (42 CFR-Part 2) and Chapter 228 Code of Iowa prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. An unauthorized disclosure of mental health or substance abuse, and/or AIDS/HIV related information is unlawful and may result in civil damages and/or criminal penalties. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

I authorize: _____to release, obtain and/or exchange:

To/From (Agency/Person) _____
Address: _____

Nature of Information to be Released/Obtained:
_____
_____
_____

Purpose or Need for Such Disclosure Is:
_____
_____
_____

I specifically authorize release of confidential information relating to (please initial):

_____ Substance Abuse _____ HIV/AIDS related information

_____ Mental Health Conditions _____ Medical Records

I understand the content and nature of the material I am releasing and the consequences, and I do so voluntarily and free from duress or undue influence. I understand that I have a right to inspect the information which will be released through this authorization and that such an inspection will occur in a meeting with

the counselor. A photocopy or exact reproduction of this signed authorization shall have the same force and effect as the original. I understand that I may revoke this authorization by providing a written revocation. Unless revoked, this consent will expire one year from the date of my signature.

Signature of student_____ Date _____

Witness signature _____ Date_____

NP 10/2016