

# Tina Flaherty, MSW LISW

## Flaherty Counseling & Consulting, INC

2435 Kimberly Road, 165-S  
Bettendorf, IA 52722  
563.232.1878 563.232.1879 (fax)

[www.flahertycounseling.com](http://www.flahertycounseling.com)

[tina@flahertycounseling.com](mailto:tina@flahertycounseling.com)

### Authorization to Release/Obtain Information

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby authorize Flaherty Counseling & Consulting to release and/or obtain information concerning the above named client with:

Person/Agency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### Information to be released and/or requested from FCC

- Evaluation Results/Assessment/Forms
- Diagnosis/Medication list
- Treatment Summary or Service Plan
- Progress/Prognosis/Treatment
- Discharge Summary
- Billing Information
- Social & Family History
- Records of Contact
- Legal Status/Legal History
- Grades, Test Scores, Conduct, Attendance
- Educational/Vocational Plans
- Other: \_\_\_\_\_

#### The information being released and/or requested will be used for the following purpose(s):

- Ongoing evaluation and treatment
- Coordination of services and supports
- Coordination of medical treatment
- Referral
- Academic planning and placement
- Personal file
- Litigation
- Insurance
- Other: \_\_\_\_\_

**This agreement will expire 2 years from the date of signature, unless previously revoked or otherwise indicated (specify date or event of expiration):** \_\_\_\_\_

This authorization is voluntary and I may cancel this consent to release information at any time by sending written notice to FCC. I understand that the person or agency receiving this information, in accordance with state regulations, will be notified not to disclose this information without further written consent. However, I understand that FCC cannot guarantee that the recipient will not redisclose this information to a third party. The recipient may not be subject to federal laws governing privacy of health information. However, if the disclosure consists of treatment information about a client in a federally assisted alcohol or drug abuse program, the recipient is prohibited under federal law from making any further disclosures of such information unless further disclosures are expressly permitted by written consent of the client or as otherwise permitted under federal law governing confidentiality of alcohol and drug abuse patient records (42 CFR, Part 2). I understand that any release which was made prior to my cancellation in compliance with this authorization shall not constitute a breach of my rights to confidentiality. I understand that I may review the disclosed information or ask questions by contacting FCC at the above address. I understand that FCC may not require completion of this form as a condition of treatment. However, when the provision of services is solely for the purpose of research related treatment or creating information for disclosure to a third party, refusal to sign may result in denial of those services. I understand that my refusal to sign this authorization will not jeopardize my right to obtain present or future treatment for psychiatric disabilities except where disclosure of the information is necessary for the treatment.

#### Specific Authorization For Release of Information Protected By State or Federal Law

**Must INITIAL** to specifically authorize Release of Information Protected by State or Federal Law related to:

Substance /Alcohol Use/Abuse \_\_\_\_\_ Mental Health \_\_\_\_\_ HIV/AIDS related info \_\_\_\_\_ Infections Diseases \_\_\_\_\_

Signature of Client/Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Minor, If required: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Check here if patient/client refuses to sign authorization

\_\_\_\_\_ Check here if patient/client would like a copy of this authorization

To the recipient of mental health information: Disclosure of mental health information may only be made pursuant to the written authorization of the individual or their legal representative, or as otherwise provided in Iowa Code 228. The unauthorized release of mental health information is unlawful, and civil damages and criminal penalties may be applicable to the unauthorized disclosure of mental health information.