



1275 NW 128th St Ste 200
Clive, IA 50325
(515) 224-3948 P
(515) 224-0469 F

AUTHORIZATION TO RELEASE/OBTAIN MEDICAL INFORMATION

Patient (print): _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone Number: _____

I HEREBY AUTHORIZE DSM SLEEP SPECIALISTS PLC:

Release to

Obtain from

TO DISCLOSE AND DELIVERY TO:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

The following Information (Date(s)/Exam(s) of Treatment to be released):

Purpose of Need for Disclosure:

<input type="checkbox"/> Personal Use	<input type="checkbox"/> Continued Patient Care	<input type="checkbox"/> Insurance Claim/Application
<input type="checkbox"/> Attorney/Legal	<input type="checkbox"/> Disability Determination	<input type="checkbox"/> Other (Please specify below)

SPECIFIC AUTHORIZATION FOR RELEASE OF MENTAL HEALTH, AIDS/HIV-RELATED, OR SUBSTANCE ABUSE INFORMATION. I acknowledge that information to be released may include material that is protected by Federal and/or State law applicable to substance abuse, mental health, and/or AIDS/HIV-related information.



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I SPECIFICALLY AUTHORIZE THE RELEASE OF CONFIDENTIAL INFORMATION RELATING TO THE FOLLOWING:
 (Check "yes" or "no" next to ALL applicable issues):

<input type="checkbox"/> Yes <input type="checkbox"/> No	Substance Abuse (Drug or Alcohol) Information from: (Name of agencies, facilities, or individuals) _____ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Mental Health Information from: (NOTE: You have the right to inspect the disclosed mental health information at any time) List names of agencies, facilities, or individuals: _____ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	HIV/AIDS-related Information, Diagnosis, and test results from: (Names of agencies, facilities, or Individuals) _____ _____

Federal and/or State law specifically require that any disclosure of substance abuse, alcohol or drug, mental health, or HIV/AIDS-related information must be accompanied by the following written statement:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure for this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

I understand that I may revoke this authorization at any time except to the extent that action has already been taken to comply. This consent will automatically expire one year from the date signed. I understand that my revocation or refusal to sign this authorization will not affect my ability to obtain health care services. I also understand that if I revoke, the revocation will take effect on the day it is received by the entity from whom disclosure is sought in writing.

I understand that if the person or entity that receives the information requested is not covered by the federal privacy regulations or is not an individual or entity who has signed an agreement with such a person or entity, the information described above may be re-disclosed and will no longer be protected by the regulations.

Iowa and/or Federal law provides that I have a right to prohibit re-disclosure of confidential medical information and further disclosure may not be had without my express written authorization, except as indicated below.

I SPECIFICALLY AUTHORIZE AND CONSENT TO THE DISCLOSURE DESCRIBED ABOVE.

Patient/Representative Signature: _____ Date: _____

Patient/Representative Printed Name: _____ Date: _____

Relationship to Patient (If applicable): _____

NOTE: PHOTOCOPY OF THIS SIGNED AUTHORIZATION SHALL BE AS EFFECTIVE AS THE ORIGINAL
 Dr. Melisa Coaker; Dr. Wendy Fluegel; Dr. Kerry Canady; Nguyen-Ly Huynh PA-C
 www.dsmsleepspecialists.com