

**Anderson, Arnold & Partners, L.L.P.**  
Psychological and Counseling Services

**Authorization to Release of Information**

Patient Name \_\_\_\_\_ Patient Date of Birth \_\_\_\_\_

I, the undersigned, hereby authorize and request that ANDERSON, ARNOLD & PARTNERS, L.L.P.

Release to  Secure from

\_\_\_\_\_  
(Name of Person or Institution)

\_\_\_\_\_  
(Address)

The following information may be included:  
\_\_\_ Medical: Evaluation or treatment reports  
\_\_\_ Psychiatric: Evaluation reports, clinical notes, discharge summary  
\_\_\_ Psychological: Evaluation reports, test results, psychotherapy progress notes  
\_\_\_ Substance and alcohol abuse information  
\_\_\_ HIV/AIDS-related information  
\_\_\_ Other information as indicated \_\_\_\_\_

I understand that the information is to be used for the following purpose(s):

\_\_\_\_\_  
This authorization will automatically expire one year from the date of signature, except as specified: \_\_\_\_\_

I understand that I may revoke this authorization by sending a written notice to Anderson, Arnold & Partners at 209 East Washington Street, Suite 202, Iowa City, Iowa 52240. The revocation becomes effective when it is received. I understand that any information released prior to a revocation and which was released because of this authorization will not constitute a breach of confidentiality. Also, the revocation will not be effective if the authorization was obtained as a condition for receiving insurance coverage for services, and the insurer has a legal right to contest a claim.

I further have the right to inspect the health information disclosed.

I understand that Iowa law prohibits redisclosure of the information by the recipient of the disclosed information.

I know that I am entitled to receive a copy of this authorization.

\_\_\_\_\_  
(Signature of patient or legal guardian)

\_\_\_\_\_  
(Relationship to patient)

\_\_\_\_\_  
(Date)

Warning: 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, Sections 2.31(a) and 2.33) as well as Iowa law (Iowa code Chapter 228). Iowa law requires that disclosures can only be made pursuant to the written authorization of the patient or the patient's legal representative. The unauthorized disclosure or redisclosure of mental health information is unlawful. Civil and/or criminal penalties may apply to the unauthorized disclosure of mental health information.