

**Authorization of Use and Disclosure of Protected Health Information**

Peoples Community Health Clinic, 905 Franklin St., Waterloo, IA 50703 (319) 874-3000 Fax (319) 874-3411  
Peoples Clinic Butler County, 118 S. Main St., Clarksville, IA 50619 (319) 278-9020 Fax (319) 874-3179

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Information to Be Used or Disclosed** Information covered by this authorization includes:

**Also Include:**

**HIV Information**  yes  no Signature \_\_\_\_\_

**Mental Health Information**  yes  no Signature \_\_\_\_\_  
(Only client 18 yrs. of age or older or legal representative can authorize release of mental health information.)

**Substance Abuse Treatment and Assessment Information**  yes  no Signature \_\_\_\_\_  
(Only client, regardless of age, can authorize release of substance abuse information.)

This information has been disclosed to you from records protected by Federal laws and regulations protecting substance abuse treatment program records (42 C.F.C. part 2). The Federal rules that prohibit you from making any further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the disclosure of medical or other information is NOT sufficient for the purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

**Purposes of Disclosure** Information listed above will be disclosed for the following purposes:  
\_\_\_\_\_ At the request of the individual \_\_\_\_\_ Continued Care \_\_\_\_\_ Other (explain below)

**Persons/Entity Authorized to Disclose Information** Information listed above will be used or disclosed by:  
 \_\_\_\_\_  
Name(s)/address of person/organization  
 Peoples Community Health Clinic, 905 Franklin Street, Waterloo, IA 50703  
 Peoples Clinic Butler County, 118 S. Main Street, Clarksville, IA 50619

**Persons/Entity to Whom Information May Be Disclosed** Information described above may be disclosed to:  
 \_\_\_\_\_  
Name(s)/address of person/organization  
 Peoples Community Health Clinic, 905 Franklin Street, Waterloo, IA 50703  
 Peoples Clinic Butler County, 118 S. Main Street, Clarksville, IA 50619

**Format Requested:**  Paper  Electronic (CD) \$5.00 payment required at time of request

This authorization automatically expires 365 days from the date this authorization is signed by the patient unless revoked or terminated by the patient or patient's personal representative or otherwise noted here: \_\_\_\_/\_\_\_\_/\_\_\_\_.

You may revoke or terminate this by submitting a written revocation to Peoples Community Health Clinic. You should contact the Privacy Officer to terminate this authorization.

Information that is disclosed under this authorization may be re-disclosed. The privacy of this information may not be protected under the federal privacy regulations.

You may inspect or copy information that is used or disclosed under this authorization. You may refuse to sign this authorization. If you refuse to sign this authorization, we will not deny you any treatment that is covered by your general consent to the use and disclosure of protected health information for purposes of treatment, payment, or supporting the day-to-day operations of this clinic. If you refuse to sign this authorization, you may not be eligible for, or receive, research-related treatment or treatment that you have requested for the purpose of disclosure to others.

Peoples Community Health Clinic may receive payment for disclosures permitted by this authorization.

**Signatures:**  
\_\_\_\_\_  
Patient or Legal Representative (if representative, please print relationship) Date  
\_\_\_\_\_  
Witness Date