

Hills & Dales ** 1011 Davis Avenue ** Dubuque, Iowa 52001 ** 563-556-7878

RELEASE OF INFORMATION

Name: _____

Title 19 #: _____

Date of Birth: ____/____/____

I, the undersigned, hereby authorize Hills & Dales staff to release and/or obtain the information indicated below, regarding the above named individual, with:

(Current Provider)
Name of Person or Agency: _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____
Phone: (____) _____ - _____ Fax: (____) _____ - _____

INFORMATION BEING RELEASED WILL BE USED FOR THE FOLLOWING PURPOSE(S):

- () Planning and Implementation of Individual Program Plan
() Monitoring/Coordination of Services
(x) Referral for New Services
() Other _____

INFORMATION TO BE RELEASED FROM HILLS & DALES:

- () Social History (x) Health Related Dictation/Documents
(x) Individual Program Plan/Consultant Reports () Discharge Summary
(x) Educational/Vocational Plans/Evaluations () Other: _____

INFORMATION TO BE OBTAINED FROM THE LISTED AGENCY:

- () Social History (x) Medical History
(x) Individual Program Plan/Consultant Reports (x) Discharge Summary
(x) Educational/Vocational Plans/Evaluations () Other: _____
(x) Health Related Dictation/Documents

This release is valid for 13 months from the date of signature.

I understand that I may revoke this consent at any time by sending a written notice to the recipient and to Hills & Dales. I understand that any information released prior to a revocation may be used for the purposes listed above and does not constitute a breach of my rights to confidentiality. I understand that I may review the information related for the above purposes by contacting, Hills & Dales, 1011 Davis Avenue, Dubuque, Iowa 52001.

_____/_____/_____
Individual or Legal Guardian Signature Date Signed

SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW

I specifically authorize the release of data and information relating to:

Substance Abuse: () Yes () No Mental Health: () Yes () No HIV/AIDS: () Yes () No

_____/_____/_____
Individual or Legal Guardian Signature Date Signed

Date copy of this form sent to Individual and/or Guardian: ____/____/____