



Central Iowa Community Services
Boone • Cerro Gordo • Franklin • Greene • Hamilton • Hancock • Hardin Jasper • Madison • Marshall • Poweshiek • Story • Warren • Webster • Wright www.CICSMHDS.org

RELEASE OF INFORMATION

CLIENT:	SIAIEID#:
ADDRESS:	DATE OF BIRTH:
I, the undersigned, hereby authorize the staff of Central Iowa Comregarding the above named consumer, with:	nmunity Services to release and /or obtain the information indicated below,
Name of Person or Agency	
Complete Mailing Address	
The information being released will be used for the following purposed Planning and implementation of services Coordination of services Monitoring of services Your eligibility for services or funding is is not depende	Referral for new or other services Other (Specify)
INFORMATION TO BE RELEASED FROM CENTRAL IOWA COMMUNITY SERVICES:	INFORMATION TO BE OBTAINED FROM THE AGENCY INDICATED ABOVE:
Yes No SOCIAL HISTORY PROGRESS SUMMARY REPORT INDIVIDUAL COMPREHENSIVE PLAN ANNUAL REVIEW DISCHARGE SUMMARY INFORMATION THAT YOU HAVE GIVEN CICS WRITTEN PERMISSION TO RECEIVE OTHER (Specify) OTHER (Specify) OTHER (Specify)	Yes No SOCIAL HISTORY EDUCATIONAL/VOCATIONAL PLANS PROGRESS SUMMARY PSYCHOLOGICAL EVALUATION/REPORTS PSYCHIATRIC ASSESSMENT/REPORTS MEDICAL HISTORY TREATMENT PLAN DISCHARGE SUMMARY FINANCIAL DOCUMENTATION OTHER (Specify) OTHER (Specify) OTHER (Specify) OTHER (Specify)
notice to Central Iowa Community Services. I understand that any information release of my rights to confidentiality. I understand that any disclosure of information carrier longer be protected by federal privacy regulations. I understand that I may review to	derstand that this consent is voluntary and I may revoke this consent at any time by sending a written eased prior to the revocation may be used for the purposes listed above and does not constitute a breach es with it the potential for un-authorized re-disclosure and once the information is disclosed, it may no the disclosed information by contacting the recipient named or Central Iowa Community Services.
SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION I specifically authorize the release of data and information relating to	
Signature of Client or Legal Guardian:	Date:
Relationship if NOT T	The Client
SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION Is specifically authorize the release of data and information relating to	
Substance Abuse (must be signed by the consumer) NOTE : Information by the Federal confidentiality law (42 CFR Part 2) will not be disclosed.	
Client Signature Date	Guardian Signature Date
In order for substance abuse and/or HIV-related information to be	released, you must sign here and on the signature line above.