

Options of Linn County

1240—26th Avenue Ct. SW, Cedar Rapids, IA 52404

Phone: 319/892-5800

Fax: 319/892-5849

Consent to Obtain and Release Information

Consumer Name	Social Security No.
Does consumer have a Guardian? ___ Yes ___ No	Date of Birth

I authorize Options of Linn County and the following individual or agency to exchange written and oral information as indicated below:

Agency	Service provided to consumer

Individual	Relationship to consumer

The information released or exchanged may include:

<input type="checkbox"/> Family and social information	<input type="checkbox"/> General medical exam reports, including vision, hearing, cognitive skills, communication skills, and work-capacity reports.
<input type="checkbox"/> Educational reports	<input type="checkbox"/> Emergency medical information/issues
<input type="checkbox"/> Vocational reports	<input type="checkbox"/> Other evaluations and assessments
<input type="checkbox"/> Day Habilitation reports	
<input type="checkbox"/> Financial reports/payroll	

Other information covered by this consent: _____

Exceptions and limits to this consent: _____

Specific Authorization For Release Of Information Related to Mental Health, Substance Abuse, or AIDS/HIV

I authorize the release of the following information, which requires specific consent under federal or state law:

Type of Information	Specific information to be released	Authorizing Initials
Mental health	<i>Diagnosis and evaluation information related to service(s) to be provided and service eligibility</i>	X-
Substance abuse	<i>Diagnosis and evaluation information related to service(s) to be provided and service eligibility</i>	X-
AIDS/HIV-related		

I understand this information will be kept confidential and will be used for the purposes of planning and delivering my services. I understand that I have the right to see this information at any time. This consent is valid for information already in existence and information that may be generated during future service involvement. I understand that I can revoke my consent at any time by providing written notification to the Director of Options of Linn County at the address above. This consent will expire upon termination of services from Options of Linn County, or on the "Expiration Date" specified below. I have read this form or it has been read and explained to me, and I understand its content.

Signature of Consumer or Legal Guardian

Date

Expiration Date