

Notice of Confidentiality

(HIPAA)

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R., Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Pts. 160 & 164.

I further understand that:

- a) I may revoke this consent at any time
- b) I may request to inspect disclosed health information by providing written notice to The Iowa Department of Corrections or Department of Correctional Services offices
- c) If I revoke my consent for the release of information, any information that had already been released prior to this revocation shall not constitute a breach of my rights to confidentiality
- d) Once the requested information has been disclosed, the recipient of the disclosed information may re-disclose it and the privacy regulations guaranteed with this consent to release information may no longer protect the information
- e) Confidential information about me may only be released with my written permission, by court order, in the event I am believed to be involved in child or elder adult abuse, or in a situation of imminent danger to self or others
- f) The Department of Corrections/Correctional Services may not require a release of information as a condition of treatment or services, however when the provision of services is solely for the purpose of creating a medical report (protected health information) for a third party, refusal to sign may result in denial of those services
- g) All releases are valid until completion of my supervision period unless otherwise specified

Client's Signature

Date