



**Prohibition on Conditioning of Authorization:** MercyOne Des Moines Medical Center, MercyOne Central Iowa Clinics or MercyOne Iowa Heart Centers will not condition treatment, payment or enrollment/eligibility for benefits on signing this authorization unless:

- You are receiving research-related treatment or
- The only reason the facility is providing you with health care is to make a report to a third party such as your employer(e.g., fitness to return to work) or school (e.g., athletic participation).

**EXPIRATION:** This authorization is effective for \_\_\_\_\_ months but no longer than one year from the date on which it was signed.

**REVOCACTION:** I understand I may revoke this authorization at any time, except to the extent that action has already been taken in reliance upon it, by giving a written notice.

**INSPECTION:** I understand I have the right to inspect the information to be disclosed upon the proper notification to and under appropriate conditions established by MercyOne Des Moines Medical Center, MercyOne Central Iowa Clinics or MercyOne Iowa Heart Centers.

**PLEASE BE AWARE THERE MAY BE A FEE ASSOCIATED WITH YOUR REQUEST**

The statement made in this authorization are binding, controlling and I understand that they take precedence over statements in the organization Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Relationship to Patient, if not signed by Patient:

\_\_\_\_\_  
Witness

**PROHIBITION OF REDISCLOSURE**  
This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2) and state requirements (Iowa Code, ch 228). The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.

**OFFICE USE ONLY:**

Date Information Sent: \_\_\_\_\_ Person Releasing Records: \_\_\_\_\_

Fee Due: \_\_\_\_\_ Fee Paid: \_\_\_\_\_