



Iowa Board of Nursing
Enforcement Unit

Iowa Board of Nursing
400 SW 8th Street, Suite B
Des Moines, IA 50309-4685

Phone 515-281-6472
Fax 515-281-4825
Website nursing.iowa.gov

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient's Name Birthdate

Address

I, the undersigned do authorize and request

(Name of Health Care Provider)

to release to the Iowa Board of Nursing, 400 SW 8th Street, Suite B, Des Moines, IA 50309-4685. This information is being disclosed and may be used only for the purpose of a CONFIDENTIAL INVESTIGATION.

I agree that the listed health care provider may release the following information from these medical records:

- [] History & Physical [] Discharge Summary [] Social History
[] Consultation [] Lab, X-ray, EKG [] Treatment Status
[] Other (please specify)

[] As much information as the listed health care provider in his/her/its full discretion deems reasonably necessary for the purposes set forth by me for release.

I understand that I may revoke this authorization at any time, except to the extent that action has already been taken in reliance upon it, by giving written notice to The Iowa Board of Nursing and the above named Health Care Provider.

I understand that I have the right to inspect the information to be disclosed upon proper notification to and under appropriate conditions established by the above name Health Care Provider.

PROHIBITION ON REDISCLOSURE

This form does not authorize re-disclosure of medical information beyond the limits of this consent.

Where information has been disclosed from records protected by Federal Law for Alcohol/Drug Abuse Records or by State Law for Mental Health Records, Federal Requirements (42 C.F.R. Part 2) and State Requirements (Iowa Code ch.228) prohibit further disclosure without the specific written consent of the patient, or as otherwise permitted by such law and/or regulations. A general authorization for the release of medical or other information is not sufficient for these purposes. Civil and/or Criminal penalties may attach for unauthorized disclosure of Alcohol/Drug Abuse or Mental Health Information.

I acknowledge that the information to be released may include material that is protected by the state and/or federal law applicable to either mental health and/or drug/alcohol abuse or both. My signature authorizes release of all such information as specified above.

(Signature of Patient or Patients Authorized Representative)

(Relationship of Authorized Representative)

This Board and its Investigators are authorized by Iowa Code §§ 147.55, 152.10, 152.11 and 272C.3, to investigate nurses licensed by this state for the purposes set forth in the cited statutes. Iowa Code §272C.6(4) further ensures that protected information will be maintained as privileged and confidential to the extent of the law. The Iowa Board of Nursing is a HIPAA exempt regulatory agency. Please forward documents that are **not** redacted.