



**A COPY OF THIS SIGNED AUTHORIZATION MUST BE GIVEN TO THE CLIENT OR CLIENT'S PERSONAL REPRESENTATIVE**

**Notice to Recipients of Mental Health Information:** In accordance with Iowa Code Chapter 228, a recipient of mental health information may further disclose this information *only* with the written authorization of the subject or the subject's legal representative or as otherwise provided in Chapters 228. The unauthorized disclosure of mental health information is unlawful. Civil damages and criminal penalties may be applicable to the unauthorized disclosure of mental health information.

**Notice to Recipients of HIV-Related Testing Information:** This information may have been disclosed to you from records whose confidentiality is protected by state law, and penalties under Iowa Code Chapter 141A apply to the unauthorized disclosure of these records.

**EXHIBIT A**

<u>Iowa Counties:</u>	Floyd	Monroe	<u>Iowa Mental Health and Disability Services Regions:</u>
Adair	Franklin	Montgomery	Central Iowa Community Services
Adams	Fremont	Muscatine	County Rural Offices of Social Services
Allamakee	Greene	O'Brien	County Social Services
Appanoose	Grundy	Osceola	Eastern Iowa MHDS
Audubon	Guthrie	Page	Heart of Iowa
Benton	Hamilton	Palo Alto	MHDS of the East Central Region
Black Hawk	Hancock	Plymouth	North West Iowa Care Connection
Boone	Hardin	Pocahontas	Polk County Health Services
Bremer	Harrison	Polk	Rolling Hills Community Services
Buchanan	Henry	Pottawattamie	Sioux Rivers MHDS
Buena Vista	Howard	Poweshiek	South Central Behavioral Health
Butler	Humboldt	Ringgold	Southeast Iowa Link
Calhoun	Ida	Sac	Southern Hills Regional Mental Health
Carroll	Iowa	Scott	Southwest Iowa MHDS
Cass	Jackson	Shelby	
Cedar	Jasper	Sioux	
Cerro Gordo	Jefferson	Story	
Cherokee	Johnson	Tama	
Chickasaw	Jones	Taylor	
Clarke	Keokuk	Union	
Clay	Kossuth	Van Buren	
Clayton	Lee	Wapello	
Clinton	Linn	Warren	
Crawford	Louisa	Washington	
Dallas	Lucas	Wayne	
Davis	Lyon	Webster	
Decatur	Madison	Winnebago	
Delaware	Mahaska	Winneshiek	
Des Moines	Marion	Woodbury	
Dickinson	Marshall	Worth	
Dubuque	Mills	Wright	
Emmet	Mitchell		
Fayette	Monona		

**REVOCACTION SECTION**

I hereby revoke this Authorization.

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

Copy sent to Client/Guardian on: \_\_\_\_\_ (date) at following address: \_\_\_\_\_