

Release of Information Insurance/3rd Party Payor



I authorize Catholic Charities of the Diocese of Sioux City, IA, to release such information from my medical record as may be necessary for the completion of the Catholic Charities claims for reimbursement to my insurance company, preferred provider organization, health maintenance organization, utilization review organization or agency:

Name of Organization/3rd Party Payor

I understand that the disclosure may include diagnosis or procedures performed and that, at the request of my insurance company, preferred provider organization, health maintenance organization, utilization review organization or agency, my complete medical record may be subject to review. In addition, I understand that copies of my medical record may be obtained by my insurance company, preferred provider organization, health maintenance organization, utilization review organization or agency.

I also authorize Catholic Charities of the Diocese of Sioux City, IA, to release such medical information from my record as may be required to permit each physician or provider who provides care to me while this stay or service to complete their office records.

The authorization includes mental health, alcohol and drug abuse records protected by state and federal legislation.

I understand that my records are protected under Federal Privacy Regulations, Iowa Code Chapter 228, Federal Confidentiality Regulations (42 CFR Part 2) for substance abuse information disclosure, and the HIPAA Act of 1996 (45 CFR Parts 160&164) and cannot be disclosed without my written consent unless otherwise permitted by such statute. I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on this authorization and that in any event, this consent expires when there has been a resolution of all outstanding claims or one year from discharge, whichever is later.

Assignment of Benefits:

In consideration of the services received or to be received for these services, I assign all insurance benefits due me to Catholic Charities of the Diocese of Sioux City, IA.

Client or Authorized Representative

Date

Relationship

Guarantor/Insured Certificate Holder