

RELEASE OF INFORMATION

This is a HIPAA compliant authorization to exchange (release and receive) confidential information concerning the individual named below for the purpose of participating in Adams County Collaborative Management Program.

Name of Individual Receiving Services (Please Print)

Individual's Date of Birth

The Agencies and individuals listed below are requesting this authorization to share information about the above-named individual. **Please check the box of the agency to whom you wish to release information.**

<input type="checkbox"/>	Adams County Department of Human Services	<input type="checkbox"/>	Adams 12 Five Star Schools
<input type="checkbox"/>	Adams County District Attorney's Office	<input type="checkbox"/>	Adams 14 School District
<input type="checkbox"/>	Adams County Health Department	<input type="checkbox"/>	Brighton School District 27-J
<input type="checkbox"/>	17 th Judicial District Probation Department	<input type="checkbox"/>	Strasburg School District
<input type="checkbox"/>	17 th Judicial District Court	<input type="checkbox"/>	Bennett School District
<input type="checkbox"/>	Mapleton School District	<input type="checkbox"/>	Community Reach Center
<input type="checkbox"/>	Westminster School District	<input type="checkbox"/>	Colorado Access
<input type="checkbox"/>	The Link	<input type="checkbox"/>	A Precious Child
<input type="checkbox"/>	Signal Behavioral Health	<input type="checkbox"/>	Family Tree
<input type="checkbox"/>	Colorado Youth Detention Continuum	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Early Partnership of Adams County (ECPAC)	<input type="checkbox"/>	Other:

I understand that the types of information identified in this authorization may be shared, in addition to all exceptions required or allowed by law. This authorization covers all admissions and/or contacts with the above-listed Agencies and individuals and allows a free exchange of this information between and among the Agencies and individuals I have agreed to release and receive information. I understand that the Agencies and/or individuals may need to share information among themselves more than one time and/or with other persons working for the Agencies or service providers.

The following types of Community Reach Center information may be received, used, and disclosed between the Agencies bulleted above. Please check the box of the information you wish to release.

<input type="checkbox"/>	Mental Health/psychological/psychiatric history	<input type="checkbox"/>	Evaluations or Treatment Progress
<input type="checkbox"/>	Disabilities	<input type="checkbox"/>	Treatment Plans
<input type="checkbox"/>	Diagnoses	<input type="checkbox"/>	Other:

The following types of information may be received, used, and disclosed between the Agencies bulleted above. Please check the box of the information you would like to release to the above agencies:

<input type="checkbox"/>	Demographic information that identifies me, my child or ward	<input type="checkbox"/>	Work, school and social reviews, status, and histories
<input type="checkbox"/>	Agencies records (non-Community Reach Center) which have information about medical or mental health/psychological/psychiatric history, disabilities, diagnoses, evaluations or treatment	<input type="checkbox"/>	Plans about services or benefits
<input type="checkbox"/>	Sex offender evaluation and treatment information	<input type="checkbox"/>	Eligibility and insurance coverage information
<input type="checkbox"/>	Information on finances	<input type="checkbox"/>	Placement history
<input type="checkbox"/>	Referral sources	<input type="checkbox"/>	Adjudication status
<input type="checkbox"/>	Probation file, including the presentence investigation report and its attachments, if applicable. Note that Probation shall not release the NCIC/CCIC report, victim location information, copyrighted instruments or	<input type="checkbox"/>	Information relating to my/our prior or current involvement with child protection, adult protection, prevention, case management, financial assistance, and

