

Residential Services 650 South Avenue PO Box 20,000 Grand Junction, CO 81502-5018 Phone (970) 244-3300 Fax (970) 241-0836 Community Based Services 636 South Avenue PO Box 20,000 Grand Junction, CO 81502-5018 Phone (970) 244-3344 Fax (970) 245-5626

CJSD Release of Information

Client Name:				Date:		
Release of Information: My signa by Mesa County Criminal Justice S Agency/Name:						
Obtain From:		Rel	Release to:			
Name: Criminal Justice Service Address: 650 South Avenue City: Grand Junction, CO 81 Phone: (970) 244-3300 Fax: (970) 241-0836		Add City	y: one:			
Client will initial <u>ONLY</u> those typ	es of info		disclosed		o the specific release:	
Evaluations/Assessments					/Case Plan/Status Summary	
Psychological/Medical Test F	Results/Dru	g Test Results		Psychotherapy	Notes	
Mental Health Record Summ	ary			Diagnosis		
Medical/Hospital Records				Course of Treatment / Progress Reports		
Purpose of Disclosure: CJSD St	foff will ch	hook the hoxe	- that anr	-lva		
On-going treatment	all win on	Transfer	<u> i liiai αρρ</u>	ny:	Medical Care	
Evaluation		Health Benefit U	Utilization		Legal Issues	
Coordination of Care		Consultation			Other:	
Client Signature	Date			sonnel Signatu		
CJSD will ONLY release information other agencies such as refereleased by CJSD. Persons or agencies	erral agend	cies, treatment	providers,	, or medical ag	gencies will not be	

agency that generated the information or documentation.

now information is snared.	rne designated infon	nation about the may be.	
		electronic file transfer mechanisms. I unde email to ensure confidentiality.	erstand that
2. Discussed by telepho	ne or in community s	supervision team meetings.	
3. Discussed in commun	nity supervision team	meetings.	
		t until the projected release date from the notice.	
Release is no longer valid afte	r one year from date	signed or by the following date:	
may no longer be protected ur	nder the HIPAA priva- liting from the release	re of my private mental health information cy regulations. I hereby release all parties of this information. I agree that a photoco	stated
regulations and cannot be disc during therapy sessions is lega	closed without my wri ally confidential in the otions. In general, the	e protected under federal and state confid- itten authorization. The information provide e case of licensed clinical social workers, e se exceptions pertain to matters of danger	ed by a client except as
Client Signature	Date	CJSD Personnel Signature	Date