

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

## **Summit View Release of Information**

Client Name:				Date:			
	e of Information: My signa a County Summit View, allo						
Obtain From:			Rel	Release to:			
Name: Addres City: Phone Fax:	ss: 650 South Avenue Grand Junction		Add City	lress: 7: one:			
Client w	vill initial <u>ONLY</u> those typ nitial	es of infor		disclose ient Initia		o the specific release:	
	Evaluations/Assessments				Treatment Plan/Case Plan/Status Summary		
	Psychological/Medical Test Results/Drug Test Res			Psychotherapy Notes			
					Diagnosis  Course of Treatment / Progress Reports		
Purpos	e of Disclosure: Summit	View Staff	will check th	e boxes	that apply:		
. и. рос	On-going treatment		Transfer		пасарыў.	Medical Care	
	Evaluation		Health Benefit U	<b>Jtilization</b>		Legal Issues	
	Coordination of Care		Consultation			Other:	
Summ docun will no	ignature  nit View will <b>ONLY</b> release nentation from other agence to be released by Summit Verson or agency that genera	ies such as ′iew. Persor	or documenta referral agen	ation gene cies, trea s requesti	tment provider ng such inforn	mit View. Information or s, or medical agencies	

How information is snared: The desi	ignated information	about me may be:	
Transmitted by fax, electronic there are no security features.		nic file transfer mechanisms. <i>I under</i> o ensure confidentiality.	stand that
2. Discussed by telephone or in	community supervis	ion team meetings.	
3. Discussed in community supe	rvision team meetin	gs.	
This authorization is voluntary and remains the event of sentence termination. This			ogram or in
Release is no longer valid after one ye			_
I understand that the potential exists for may no longer be protected under the herewith from any liability resulting from the release shall be as valid as the original	HIPAA privacy regum the release of this	lations. I hereby release all parties si	tated
I understand that my communications regulations and cannot be disclosed w during therapy sessions is legally conf provided in certain legal exceptions. In others, and to assault or neglect of chi	ithout my written au idential in the case of general, these exce	thorization. The information provided of licensed clinical social workers, ex	by a client cept as
Client Signature	Date	Summit View Personnel Signature	Date