



Unite Denver: Resource Coordination and Collaboration

Gang Reduction Initiative of Denver

### GRID Intervention Services - Referral Form

This document contains confidential information and should be handled accordingly.

#### GRID PROGRAM AGREEMENT:

Have you spoken to client about the GRID program?  Yes  No

Has client voluntarily agreed to receive support services from GRID?  Yes  No

**\*Unfortunately, referrals cannot not be accepted until the client has agreed to participate in the program**

<b>FIRST NAME:</b> [ ]	<b>MIDDLE:</b> [ ]	<b>LAST NAME:</b> [ ]	<b>REFERRAL DATE:</b> [ ]
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<b>AKA/MONIKER:</b> [ ]	<b>DOB:</b> [ ]	<b>AGE:</b> [ ]	<b>GENDER:</b> <input checked="" type="radio"/> Male <input type="radio"/> Female
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<b>ADDRESS:</b> [ ]	<b>CITY:</b> [ ]	<b>ZIP CODE:</b> [ ]	<b>PHONE:</b> [ ]
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#### PLEASE FILL OUT IF CLIENT IS A JUVENILE

<b>Parent/Guardian Name(s):</b> [ ]	<b>Parent/Guardian Phone:</b> [ ]
Have you spoken to client's parents/guardians about the GRID program? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Email address:</b> [ ]

#### ETHNICITY:

White/Non Hispanic  Hispanic  African American  Asian  Native American  Other

<b>REFERRING AGENCY:</b> [ ]	<b>REFERRING AGENCY CONTACT:</b> [ ]	<b>CONTACT PHONE:</b> [ ]
		<b>CONTACT EMAIL:</b> [ ]

#### PLEASE CHECK ALL THAT APPLY:

- Gang-Affiliated
- Generational Gang Family
- High-Risk Street Activity
- Recent Victim of a Shooting or Act of Violence
- Prior Criminal History
- Recent Release from Jail, Prison, Detention Facility
- Have you checked for an active warrant?

#### GANG ASSOCIATION:

What gang is client associated with?  
[ ]

Is client's role in gang significant?  
 Yes  No  Don't Know

Does client's family have connections to a gang?  
 Yes  No  Don't Know

Does client want to leave the gang?  
 Yes  No  Don't Know

#### EDUCATION:

Client's highest level of education:  
[ ]

Is client enrolled in school/GED program?  
 Yes  No

School Name: [ ]

#### EMPLOYMENT:

Is client currently employed? NO  
 Yes  No

If yes, where?  
[ ]

Is client interested in job training/placement?  
 Yes  No  Don't Know

<p><b>FAMILY:</b> Who is client currently living with? <input type="text"/></p> <p>Does client have a stable home life? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>Would client's family be supportive of client leaving the gang? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>Does client have any children and/or custody issues? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p>	<p><b>PRO-SOCIAL ACTIVITIES:</b> What pro-social activities is client involved in? <input type="text"/></p> <p>Are there any pro-social activities client would like to take part in? <input type="text"/></p>
<p><b>SUBSTANCE ABUSE:</b> Does client use drugs or alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>If so, please list: <input type="text"/></p> <p>Is client currently involved in a substance abuse treatment program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>MEDICAL/MENTAL HEALTH:</b> Is client currently involved in a treatment program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Would client consider attending counseling/treatment/support group if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>Has client experienced any significant trauma during his/her lifetime? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>Has client had previous trauma screening? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p>
<p>Has a case plan been developed? (If so, please attach) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What are the priority areas you would like GRID to assist client with?</p> <p><input type="checkbox"/> Outreach Worker (mentoring)</p> <p><input type="checkbox"/> Housing</p> <p><input type="checkbox"/> Opportunities Provision/Job Placement</p> <p><input type="checkbox"/> Medical</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Clothing</p> <p><input type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Identification</p> <p><input type="checkbox"/> Tattoo Removal</p> <p><input type="checkbox"/> Other: <input type="text"/></p>	<p><b>MEDICAL/MENTAL HEALTH:</b> Is client currently involved in a treatment program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Would client consider attending counseling/treatment/support group if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>Has client experienced any significant trauma during his/her lifetime? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>Has client had previous trauma screening? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p>
<p><b>Additional information:</b> <input type="text"/></p>	



State of Colorado

# Authorization — Consent to Release Information

This is an  Initial Request  Date of Prior Request (if applicable):

### Agency Requesting Information:

Name of Agency **Gang Reduction Initiative of Denver (GRID)** Name of Agency Representative **Nicole Monroe, Intervention Coordinator**

Address of Agency **303 W. Colfax Ave., 13th Floor**

City **Denver** State **CO** Zip **80204** Email **GRID@denvergov.org**

Phone 1 Phone 2 Fax Date

### Youth Information

Full Name Last Name First Name MI Date of Birth

### Mailing Address

City State Choose One Zip Phone

Type of Identifier:  SSN  School ID  DL  State ID  Child Welfare Case #  Case Report #  Other Identifier:

### Name of Consenter/Person Authorizing Consent

Name

### Mailing Address

City State Choose One Zip

Email Phone 1 Phone 2

Type of Identifier: (Choose One) Identifiers: Role: (Choose One)

### Authorizes:

- |   |  |   |                                      |                                       |
|---|--|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> CDE              | <input type="checkbox"/> District Court  | <input type="checkbox"/> Municipal Probation  | <input type="checkbox"/> Attorney/PD | <input type="checkbox"/> GAL          |
| <input type="checkbox"/> CDCW             | <input type="checkbox"/> LEA             | <input type="checkbox"/> District Probation   | <input type="checkbox"/> JAC         | <input type="checkbox"/> DYC          |
| <input type="checkbox"/> OBH              | <input type="checkbox"/> District School | <input type="checkbox"/> Diversion  | <input type="checkbox"/> SB94        | <input type="checkbox"/> County Court |
| <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Private School  | <input type="checkbox"/> DA   | <input type="checkbox"/> County DHS  |                                       |
| <input type="checkbox"/> Service Provider |  | <input checked="" type="checkbox"/> Other <b>Gang Reduction Initiative of Denver (GRID)</b> |                                      |                                       |

### To Release Information To:

- |  |   |  |   |  |
|--|---|--|---|--|
| <input type="checkbox"/> CDE                         | <input checked="" type="checkbox"/> District Court  | <input checked="" type="checkbox"/> Municipal Probation  | <input checked="" type="checkbox"/> Attorney/PD | <input checked="" type="checkbox"/> GAL          |
| <input type="checkbox"/> CDCW                        | <input checked="" type="checkbox"/> LEA             | <input checked="" type="checkbox"/> District Probation   | <input checked="" type="checkbox"/> JAC         | <input checked="" type="checkbox"/> DYC          |
| <input type="checkbox"/> OBH                         | <input checked="" type="checkbox"/> District School | <input checked="" type="checkbox"/> Diversion  | <input checked="" type="checkbox"/> SB94        | <input checked="" type="checkbox"/> County Court |
| <input checked="" type="checkbox"/> Municipal Court  | <input checked="" type="checkbox"/> Private School  | <input checked="" type="checkbox"/> DA   | <input checked="" type="checkbox"/> County DHS  |  |
| <input checked="" type="checkbox"/> Service Provider |   | <input checked="" type="checkbox"/> Other <b>GRID IST &amp; ASN Team   University of CO Boulder Research Study</b> |   |  |

### To Receive Information From:

- |  |   |  |   |  |
|--|---|--|---|--|
| <input type="checkbox"/> CDE                         | <input checked="" type="checkbox"/> District Court  | <input checked="" type="checkbox"/> Municipal Probation  | <input checked="" type="checkbox"/> Attorney/PD | <input checked="" type="checkbox"/> GAL          |
| <input type="checkbox"/> CDCW                        | <input checked="" type="checkbox"/> LEA             | <input checked="" type="checkbox"/> District Probation   | <input checked="" type="checkbox"/> JAC         | <input checked="" type="checkbox"/> DYC          |
| <input type="checkbox"/> OBH                         | <input checked="" type="checkbox"/> District School | <input checked="" type="checkbox"/> Diversion  | <input checked="" type="checkbox"/> SB94        | <input checked="" type="checkbox"/> County Court |
| <input checked="" type="checkbox"/> Municipal Court  | <input checked="" type="checkbox"/> Private School  | <input checked="" type="checkbox"/> DA   | <input checked="" type="checkbox"/> County DHS  |  |
| <input checked="" type="checkbox"/> Service Provider |   | <input checked="" type="checkbox"/> Other <b>GRID IST &amp; ASN Team   University of CO Boulder Research Study</b> |   |  |

For the Purpose of: **Coordination of Services**

### Type of Records/Information Requested:

- |   |   |  |  |   |   |
|---|---|--|--|---|---|
| <b>Education</b>  | <b>Substance Abuse</b>                                | <b>Medical</b>   | <b>Mental Health</b>                                     | <b>Court</b>  | <b>Other Records</b>                                      |
| <input checked="" type="checkbox"/> School Grades             | <input checked="" type="checkbox"/> Treatment History | <input checked="" type="checkbox"/> Current Prescription | <input checked="" type="checkbox"/> MH Intake            | <input checked="" type="checkbox"/> Probation History   | <input checked="" type="checkbox"/> Human Service Records |
| <input checked="" type="checkbox"/> School Attendance Records | <input checked="" type="checkbox"/> Treatment Screens | <input checked="" type="checkbox"/> Medical History      | <input checked="" type="checkbox"/> MH Screen            | <input checked="" type="checkbox"/> Programs            | <input checked="" type="checkbox"/> Child Welfare History |
| <input checked="" type="checkbox"/> School Behavior Reports   | <input checked="" type="checkbox"/> Evaluations       | <input type="checkbox"/> Immunizations                   | <input checked="" type="checkbox"/> MH Treatment History | <input checked="" type="checkbox"/> Pre-Trial Services  | <input type="checkbox"/> Other                            |
| <input checked="" type="checkbox"/> IEP's/504                 |   | <input type="checkbox"/> HIV/AIDS                        | <input checked="" type="checkbox"/> Diagnosis            | <input checked="" type="checkbox"/> Other Court Records | <input type="checkbox"/> Please Specify                   |

Date Range of Youth Records: **From:** **To:** Duration of GRID Program Involvement

Date Range of Authorization/Consent: **From:** **To:** Duration of GRID Program Involvement

How is this information being released?  Fax  Email  Telephone  In Person  Other Please Specify

Signature of person authorizing consent: \_\_\_\_\_ Date: \_\_\_\_\_

Type or print name: \_\_\_\_\_

Signature of youth: \_\_\_\_\_ Date: \_\_\_\_\_

Type or print name: \_\_\_\_\_

By my signature, I consent to the release of information contained on this form for use by the requesting agency(ies) and I understand that any agency or individual using the confidential information or records obtained will take all necessary steps to protect the confidentiality of the above named youth's identity. I acknowledge that I have been informed of my rights to refuse to sign this form, and any conditions related to my consent or refusal, and that I am entitled to receive a copy of the signed form.

Consenter declines release of information \_\_\_\_\_ (staff initials)  
(Copy Provided to Client)

**Mandatory Disclosure Limitation - Substance Abuse 42 CFR Part 2:**  
When programs operating under Part 2 disclose information pursuant to a consent form, the following statement is required regarding re-disclosure. 42 CFR §2.32: This information has been disclosed to you from records whose confidentiality is protected by Federal law as well as the Health Insurance Portability and Accountability Act (HIPAA). Federal Regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of person to whom it pertains, or as otherwise permitted by such regulations: a general authorization for the release of medical or other information is NOT sufficient for this purpose.

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**Confidentiality Notice for Electronic Transmittal:**

This release, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential information. If you have received this communication in error, please immediately notify the sender. In addition, if you have received this in error, do not review, distribute, or copy the document or attachments.

**Consent Expiration:**

This authorization - consent expires on/no later than DATE, or at end of event, completion of treatment, whichever is less. Length of time consent is valid can be specific by program or provider, or set by length of program/ referral, period of time that records are utilized for specified consent purpose. See specific agency authorization and consent rules for agency specific time frames for record retention.

**Authorization/Consent Period:**

This release shall remain in effect until such time as I provide the (AGENCY) with a written or oral notification to revoke. Exceptions do not cover data that was previously released for specific treatment or referral.

**Copies of Authorization/Consent Valid:**

A copy, photocopy, or facsimile transmission of this release will have the same authority as the original. **Colorado Office of Information Technology Policy Colorado Open Records Act (sections 24-72-201, et. seq.), the laws governing state archives and public records management (sections 24-80-101, et. seq.) or local statute. Governmental entities that agree to conduct a transaction by electronic means may refuse to conduct other transactions by electronic means (see Section 24-71.3-105).**

**Interdepartmental data protocol:**

In Interdepartmental data protocol means an interoperable, cross-departmental data management system and file sharing procedure that permits the merging of unit records for the purposes of policy analysis and determination of program effectiveness. The Interdepartmental data protocol at a minimum shall include protocols and procedures to be used by state agencies in data processing, including but not limited to collecting, storing, manipulating, sharing, retrieving, and releasing data related to the named juvenile. See Colorado Juvenile Risk Assessment (CJRA) C.R.S. § 19-2-922 and Attorney General Model Acts for data exchange: C.R.S. § 19-1-304(2)(a)(XV).

**Non-consensual Release of Confidential Treatment Data:**

Under the State of Colorado and Federal Confidentiality Regulations, no information about the juvenile's participation in treatment can be disclosed without written consent except in the case of medical emergency, child abuse or Court Order.

**Disclosure Notice to Receiving Agencies:**

**THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY FEDERAL LAW. FEDERAL LAW PROHIBITS YOU FROM MAKING FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS. IF APPLICABLE, A MINIMUM NECESSARY DETERMINATION HAS BEEN APPLIED TO THIS RELEASE/ AUTHORIZATION. IF YOU HAVE QUESTIONS CONCERNING THIS RELEASE PLEASE CALL (PROVIDER AGENCY PHONE #) OR PLEASE SEND INFORMATION TO: (PROVIDER AGENCY NAME AND ADDRESS AND FAX)**

**Revocation Limitation:**

This release/authorization may be revoked at any time by written notice to AGENCY, except to the extent that action has already been taken to comply with it. Without such revocation, this release/ authorization will expire on (specific date) or if left blank, one year from the date signed or if included as part of a Court Order or condition of probation, upon the terms specified. Consenter may revoke consent in writing by contacting the releasing agency. This revocation will be recorded in the AGENCY record. HIPAA requires written revocation of an authorization to release HIPAA information (45 CFR § 164.508(b)(5)). Both Part 2 and HIPAA allow the program to make a disclosure for services already rendered in reliance on a signed consent or authorization form. See 42 CFR § 2.31(a)(8) and 45 CFR § 164.508.

**Treatment Data Disclosure Limitation:**

Under the State of Colorado and Federal Confidentiality Regulations, no information about NAML child's participation in treatment can be disclosed without written consent except in the case of medical emergency, child abuse or Court Order. A substance abuse treatment program is defined as an individual or entity that provides alcohol or drug abuse diagnosis, treatment or referral. In this document, the term "program" includes both individual substance abuse providers and substance abuse provider organizations. See also Colorado Mental Health Treatment records <http://www.leg.state.co.us> (SRS Art. 25(Health, Title 1 Administration, Part 8 and Colorado Medical Records Access Laws <http://www.leg.state.co.us>).

**Written/ Verbal Authorization/ Consent:**

This consent must be in writing to be valid, unless consent is for Substance Abuse Treatment - when verbal consent is acceptable. Verbal consent may also be accepted in specific emergency situations. See agency specific policies for more details.

**Electronic Transmission of Personal Information:**

It is a violation of law to electronically transmit any form which contains "Personal information" (a Colorado resident's first name or first initial and last name in combination with any one or more of the following data elements that relate to the resident - Social Security Number (SSN); Driver's license number or identification card number, Account number or credit or debit card number, in combination with any required security code, access code, or password that would permit access to a resident's financial account) when the data elements are not encrypted, redacted, or secured by any other method rendering the name or the element unreadable or unusable. See C.R.S. 6-1-716, 1(a).

Preparer's  
InitialsConsenter's  
Initials

**Consent to Release Section 504 Information and records:**

If this request is related to information contained in records covered by Section 504, consult regulations prior to release of this information to the Juvenile Justice Assessment Center. (Section 504 regulatory provision at 34 C.F.R. 104.3(j)(2)(i); Evaluation by school 34 C.F.R. 104.35(b); incorporated with 34 C.F.R. Parts 100, 104, 106, and 110; consent specifically 34 CFR §300.622)

**FERPA Specific Consent Requirements:**

An educational agency or institution must have written permission on this consent to release/disclose personally identifiable information (PII) from an education record of a student, release confidential information and records, or exchange, or release medical information maintained by the school. Directory information cannot include student identification #s or SSN, and cannot be disclosed without consent if the directory information is linked to any non-directory information. (34 CFR Section 99.31) Directory information cannot be released without written consent unless the release is to: (1) Schools in which student intends to enroll; (2) state and local officials in connection with serving the student under the Juvenile Justice System; (3) to comply with a judicial order or subpoena; or (4) reasonable effort to notify, health or safety emergency.

**Substance Abuse Intervention Program consent:**

This consent includes the release of information to and/or an exchange of information with the NAMED Intervention Program. This consent may include disclosure or material that is protected by state law and/or federal regulations (42 CFR Part 2) applicable to either mental health or drug/alcohol abuse or both. This form does not authorize disclosure of medical information beyond the limits of this consent. Where information has been disclosed from records protected by federal law for drug/alcohol abuse records, or by state law for mental health records, federal requirements prohibit further disclosure without the specific written consent of the patient. A general authorization for release of medical or other information is not sufficient for these purposes. Civil and/or criminal penalties may attach for unauthorized disclosure of drug/alcohol abuse or mental health information.

**Substance Abuse/ Mental Health Specific Information:**

The information requested may include evaluation, diagnosis or treatment information regarding the following conditions: mental illness, alcohol or drug abuse, and HIV/AIDS. I understand that this information may include, when applicable, information relating to sexually transmitted diseases, Human Immunodeficiency Virus (HIV Infection, Acquired Immune Deficiency Syndrome, or AIDS related Complex) and any other communicable diseases. It may also include information about behavioral or mental health services, and referral and/or treatment for alcohol and drug abuse (as permitted by Co Cite and 42 CFR Part 2.)

**Consent Release Subject under 18 - to Substance Abuse Treatment and specific records:**

If the person for whom records are requested is a MINOR, they may consent to substance abuse treatment and release of records covered by this consent. 42 CFR and SB94 permit minors to consent to treatment and records release if related to substance abuse, alcohol abuse and/or mental health counseling. If Consent Release Subject under 18 is unable to consent to treatment under the exceptions defined in law, the release must be approved by the parent or guardian. If the person is 18 years of age or over, that individual must approve the release. If the person for whom records are requested is under 18 years of age, the release must be approved by the parent or guardian. If the person is 18 years of age or over, that individual must approve the release. SB 94 allows release to be signed up front. Disclaimers need to say that it will be disclosed. The only exception to this rule is when the program director determines that a minor applying for services lacks capacity for rational choice and that the minor applicant's situation poses a substantial threat to life or physical well-being of the minor or any other person that may be reduced by communicating relevant facts to the minor's parent or guardian. See 42 CFR §2.14(d).

**Release of Liability:**

This release authorizes the written or verbal exchange of all diagnostic, education, treatment, attendance and clinical progress information concerning the minor child. In the consideration for the performance of such testing, evaluation and/or release of information, and by signature, consentor releases the Agency, and its agents of any and all liability of any kind that may arise as a result of the release of this information. Authorizing Court Orders: When information is disclosed pursuant to an authorizing court order, Part 2 requires that steps be taken to protect patient confidentiality. In a civil case, Part 2 requires that the court order authorizing a disclosure include measures necessary to limit disclosure for the patient's protection, which could include sealing from public scrutiny the record of any proceeding for which disclosure of a patient's record has been ordered [42 CFR § 2.64(c)(3)]. In a criminal case, such order must limit disclosure to those law enforcement and prosecutorial officials who are responsible for or are conducting the investigation or prosecution, and must limit their use of the record to cases involving extremely serious crimes or suspected crimes. For additional information regarding the contents of court orders authorizing disclosure, see 42 CFR § 2.64(e).

**Consent to Release Information to the Assessment Center:**

Under 42 CFR Part 2 ("Part 2"), a patient can revoke consent to one or more parties named in a multi-party consent form while leaving the rest of the consent in effect, in a non-Health Information Exchange (HIE) environment, this can be accomplished by indicating on the consent form or in the patient's record that consent has been revoked for release of Part 2 information to one or more named Agencies or parties. The revocation should be clearly communicated to the Health Information Organization (HIO) and noted in the patient's record by the Part 2 program. See also any State MH and HIPAA specifics for MAYSI-2.

**Denial of Access:**

If there is reason to believe the parent/ guardian is involved in abuse and neglect or other actions under law, the REQUESTING AGENCY can deny access to the data specified in this release and notify proper authorities.

**Consent Language-In Pre-Trial, Special Court or Substance Abuse Monitoring:**

Under 42 CFR Part 2 and Senate Bill 94, CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE INFORMATION in a court referral must include specific language: "The purpose of, and need for, this disclosure is to inform the court and all other named parties of my eligibility and/or acceptability for substance abuse treatment services and my treatment attendance, progress, compliance and progress in accordance with the drug court program's monitoring criteria. (42 CFR and SB94) permit minors to consent to treatment and records release if related to substance abuse, alcohol abuse and/or mental health counseling. If Consent Release Subject under 18 is unable to consent to treatment under the exceptions defined in law, the release must be approved by the parent or guardian. If the person is 18 years of age or over, that individual must approve the release."

**HIPAA and CFR 42 Patient Record Protection:**

NAMED juvenile's alcohol and/or drug treatment records are protected by federal law and regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2 and may also be protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, Pts. 160 and 164, and cannot be disclosed without written consent unless otherwise provided for in the regulations. Recipients of this information may re-disclose it only in connection with their official duties.

**HIPAA Protections for AIDS/HIV:**

There is potential for information, as a result of this release/ authorization, to be disclosed by the recipient and therefore no longer protected by the HIPAA Privacy Regulation. See specific Health Department agency rules. HIPAA and state privacy laws for additional clarification. If released record contains information relating to HIV infection, AIDS, or AIDS-related conditions, alcohol abuse, drug abuse, psychological or psychiatric conditions, or genetic testing, this disclosure may include that information. See State laws regarding HIV, and other related infectious diseases and conditions.

**Mandatory Disclosure Limitation - Substance Abuse 42 CFR Part 2:**

When programs operating under Part 2 disclose information pursuant to a consent form, the following statement is required regarding re-disclosure. 42 CFR §2.32: This information has been disclosed to you from records whose confidentiality is protected by Federal law as well as the Health Insurance Portability and Accountability Act (HIPAA). Federal Regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of person to whom it pertains, or as otherwise permitted by such regulations: a general authorization for the release of medical or other information is NOT sufficient for this purpose.

**Protected Health Information (PHI) under HIPAA / limited access:**

Protected Health Information (PHI) under HIPAA includes any individually identifiable health information. Identifiable refers not only to data that is explicitly linked to a particular individual (that's identified information). It also includes health information with data items which reasonably could be expected to allow individual identification. 45 CFR §160.103. Protected health information means individually identifiable health information: (1) Except as provided in paragraph (2) of this definition, that is: (i) Transmitted by electronic media; (ii) Maintained in electronic media; or (iii) Transmitted or maintained in any other form or medium. (2) Protected health information excludes individually identifiable health information in: (i) Education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. 1232g; (ii) Records described at 20 U.S.C. 1232g(a)(4)(B)(iv); and (iii) Employment records held by a covered entity in its role as employer.

**Denial of Benefits:**

You may refuse to sign this authorization and that refusal to sign may affect your ability to obtain treatment, payment for services, or to obtain treatment, payment for services or eligibility for benefits. If treatment is research related, treatment may be denied if authorization not given. (45 C.F.R § 164.508)

**Treatment Conditioned upon Signature:**

If this is a RELEASE for Treatment, Payment and Operations (TPO) purposes, (NAME AGENCY for MENTAL HEALTH) may withhold treatment, payment, enrollment or eligibility for benefits if you refuse to sign. If this is an authorization for Other purposes, (NAME AGENCY for MENTAL HEALTH) may not condition treatment, payment, enrollment or eligibility for benefits on whether or not I sign. However (AGENCY) may condition these if: (1) treatment is research related treatment and an authorization is needed to use or disclose PHI for such reason or, (2) service is conducted solely to provide information for a third party and the Authorization is for the disclosure of the PHI to that third Party. Generally (Name of Treatment Provider) may not condition my treatment on whether you sign a consent form, but in certain limited circumstances you may be denied treatment if you do not sign. Court order may mandate non-revocable disclosure of PHI to criminal justice agencies that mandate patients into treatment. Under Part 2, such disclosures may be made pursuant to a non-revocable consent that complies with 42 CFR §2.35. Under the Privacy Rule, such disclosures may be made pursuant to an authorization or pursuant to a court order.

**Disclosure Limitation:**

Under FERPA regulations, Consentor has the right to request the receiving AGENCY limit use and disclosure of these records for specific purposes including: treatment, payment, health care, and to be informed of situations under which the AGENCY may over ride this restriction.

**Agency Distribution Limitation:**

It is agreed that upon receipt of these records NAMED AGENCY will not release the record(s) or any information included to any other person or agency without prior written consent of the patient/minor - (Minor over 14 may consent to treatment). Group education classes - not specific treatment and counseling can disclose without written consent, but 42 CFR Part 2 Substance Abuse Programs may not use or disclose any information about any patient unless the patient has consented in writing or limited exceptions specified in the regulations. Any disclosure must be limited to the information necessary to carry out the purpose of the disclosure.

**Copies of records:**

You have the right to review a copy of the released information and records. Programs must give patients a copy of the signed form (45 CFR 164.508(c)(4)) Certain information, however, is exempt from this right of access: Psychotherapy notes; Information compiled in reasonable anticipation of or for use in a civil, criminal, or administrative action or proceeding; and Information that may be subject to or exempt from certain Clinical Laboratory Improvement Amendment (CLIA) provisions. 45 CFR §164.501.

(Continued on next page)

Preparer's Initials \_\_\_\_\_ Consentor's Initials \_\_\_\_\_

**Parental/ Guardian Right to Inspect/ access Medical/ MH records:**

When child covered by this consent is under 18, the parent/ guardian has the right to view, and/ or have received photocopies of the medical records of AGENCY/ MH FACILITY NAME inpatient treatment and amend the named minor child's medical record, except in abuse and neglect situations.

**Disclosure by Court Orders:**

When information is disclosed pursuant to an authorizing court order, 42 CFR Part 2 requires that steps be taken to protect patient confidentiality. In a civil case, Part 2 requires that the court order authorizing a disclosure include measures necessary to limit disclosure for the patient's protection, which could include sealing from public scrutiny the record of any proceeding for which disclosure of a patient's record has been ordered [42 CFR § 2.64(e)(3)]. In a criminal case, such order must limit disclosure to those law enforcement and prosecutorial officials who are responsible for or are conducting the investigation or prosecution, and must limit their use of the record to cases involving extremely serious crimes or suspected crimes. For additional information regarding the contents of court orders authorizing disclosure, see 42 CFR § 2.65(e).

**Collaborative History:**

This information is released requested for the purpose of collaborative history validation and the on-going cooperation of agencies regarding this shared client in order to provide better services without duplication of efforts and to arrange for continuity of care of the client involved in Pretrial and or Substance Abuse Treatment.

**Drug Court/ Substance Abuse Conviction Data:**

**Drug Court Data:** If data is related to a drug court or court related conviction for substance abuse 42 C.F.R. §§ 2.11, 2.12 in general, Section 290dd-2 and the accompanying regulations apply to all drug rehabilitation programs that are assisted or regulated by the federal government. This includes most, and possibly all, drug courts, as will be explained below. Moreover, even courts that are not directly covered by Section 290dd-2 will likely confront section 290dd-2 issues arising from the affiliations between the court and programs that are subject to this federal statute. By its terms, Section 290dd-2 applies to "any program or activity relating to substance abuse education, prevention, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States." This definition has two components: (1) that the program involves substance abuse treatment or prevention, and (2) that it be regulated or assisted by the federal government.

**Limitation on disclosure for specific uses defined:**

Any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance abuse patient records and that recipients of this information may re-disclose it only in connection with their official duties. Programs operating under Part 2 disclose information pursuant to a consent form, must include a written statement that the information cannot be re-disclosed. 42 CFR §2.32.

**Protection of Treatment Records:**

Federal regulations require that the participant be advised, orally and in writing, that federal law protects the confidentiality of treatment records. Under Part 2 under Section 290dd and the implementing regulations (Sections 2.1 through 2.67 of Title 42 of the Code of Federal Regulations) a) treatment information is ordinarily kept confidential; b) it is a crime to violate this confidentiality requirement, which the participant may report to appropriate authorities; c) notwithstanding this confidentiality requirement, covered information may be released under specified circumstances (which should be listed for the participant); and d) federal law does not protect information relating to crimes committed on the premises of the program, crimes against program personnel or the abuse or neglect of a child.

**Release of Liability Pre-Trial Services - SB94 matters:**

This signed release authorizes the written or verbal exchange of all diagnostic, education, treatment, attendance and clinical progress information concerning the minor child when the release is made under the SB 94 program. In the consideration for the performance of such testing, evaluation and or release of information, by the AGENCY/ Juvenile Pretrial Services Unit, and its agents of any and all liability of any kind that may arise as a result of the release of this information. SB91-94 Multi-Agency Collaborations for Youth Corrections C.R.S. §19-2-212

**SB94 Pre-Trial Release Program - Request for release of information:**

This release of information is to allow the Senate Bill 94 Pre-Trial Release Program to access and share information related to NAMED child while he/she is participating in the Program. Information requested may include any law enforcement agency or Court records. It may also include an educational program, Mental Health or Substance Abuse evaluator or treatment facility records. Any information shared can only be for Court purposes. The Senate Bill 94 Program will terminate this release of information once the NAMED child is no longer participating in the Program or if you revoke this authorization prior to termination of the Program. SB91-94 Multi-Agency Collaborations for Youth Corrections C.R.S. §19-2-212

**Disclosure Limitation - Substance Abuse Data - Court Ordered:**

Disclosure of substance abuse confidential information may be made only as necessary for, and pertinent to, hearings and or reports concerning specifically named court actions. 42 CFR Part 2 permits programs to release information in response to a subpoena if the patient signs a consent permitting release of the information requested in the subpoena. When the patient does not consent, Part 2 prohibits programs from releasing information in response to a subpoena, unless a court has issued an order that complies with the rule.

Preparer's Initials

Consenter's Initials

Clear Form

Email Form

Print Form