

# LARIMER COUNTY | CRIMINAL JUSTICE SERVICES

2307 Midpoint Drive, Fort Collins, Colorado 80525-4378, 970.980.2600, Larimer.org/cjs

## Authorization for the Exchange of Information

I, David Lopez, hereby authorize:  
(print name)

- The Larimer County Community Corrections Department  
 The Larimer County Alternative Sentencing Department

and CMG Staffing at \_\_\_\_\_  
(name of supervising agent representative) (name of agency or medical facility)

to EXCHANGE the following information:

*(Please initial all that apply)*

### Protected Health Information (not related to substance abuse treatment):

*I am authorizing the release/exchange of my Protected Health Information as indicated below:*

_____ Medical History	_____ Medical Information
_____ Admittance Information/Reports	_____ Medications
_____ Discharge Information/Reports	_____ Psychological Testing
_____ Mental Health Assessments	_____ Mental Health Treatment Plans
_____ Mental Health Progress Reports	_____ Mental Health Counseling Notes
_____ Medical/Mental Health Attendance	_____ Special Instructions
<u>DL</u> _____ Alcohol/Drug Test Results (Supervision)	_____ Unrestricted Communication
_____ Other: _____	

### Substance Abuse Treatment Information:

*I am authorizing the release/exchange of my Substance Abuse Treatment Information as indicated below:*

_____ Substance Abuse Assessments	_____ Substance Abuse Treatment Plans
_____ Substance Abuse Progress Reports	_____ Substance Abuse Counseling Notes
_____ Treatment Attendance & Participation	_____ Antabuse Monitoring Reports
_____ Alcohol/Drug Test Results (Treatment)	_____ Unrestricted Communication
_____ Other: _____	

### Other Program/Offender Information authorized for release/exchange:

_____ Program Attendance & Participation	_____ Psychosexual Evaluation
_____ Financial Information	_____ Anger Management Assessment
_____ Offender Contract Information	_____ Domestic Violence Assessment
_____ Pre-Sentence Investigation	_____ Dependency & Neglect Reports
_____ Other: _____	

Purpose of Disclosure:



(1) Right to revoke: I understand that I have the right to revoke this authorization at any time by notifying the Criminal Justice Services Privacy Officer in writing to:

Attention: Clinical Director/Privacy Officer  
Larimer County Community Corrections Department  
2255 Midpoint Drive  
Fort Collins, CO 80525

I understand that the revocation is only effective after it is received and logged by Criminal Justice Services. I understand that any use or disclosure made prior to the revocation under this authorization will not be affected by a revocation.

(2) I understand that after this information is disclosed, federal law might not protect it and the recipient might re-disclose it.

(3) I understand that my initial and continued participation in Criminal Justice Services programs may be subject to my agreement to this authorization.

(4) I understand I am entitled to receive a copy of this authorization.

(5) I understand that this authorization will either expire when my supervision by Criminal Justice Services (CJS) terminates; OR if I am not currently in a CJS program, this authorization will expire twelve (12) months from the date of my signature below; OR I can specify the expiration date or event in the space provided below.

Optional – Specified Date/Event of Expiration: \_\_\_\_\_

Print Name: David Lopez Date of Birth: 1.17.1981

Signature: David Lopez Date: 7.14.2020

Staff Witness (or) Notary Signature: [Signature] Date: 7.14.2020

Staff Witness Printed Name (or) Notary Stamp: Tiff Thompson

Personal Representative Section:  
If a Personal Representative executes this form, that Representative warrants that he or she has authority to sign this form on the basis of:  
\_\_\_\_\_  
\_\_\_\_\_

**Notice to recipient:** This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulations (42 CFR Part 2) prohibit you from making further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of information is NOT sufficient for this purpose.

