

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, Gabriel Macias, hereby authorize:
(print name)

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

and at CMG staffing
(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, Admittance Information/Reports, Discharge Information/Reports, Mental Health Assessments, Mental Health Progress Reports, Medical/Mental Health Attendance, Alcohol/Drug Test Results (Supervision), Other:
Medical Information, Medications, Psychological Testing, Mental Health Treatment Plans, Mental Health Counseling Notes, Special Instructions, Unrestricted Communication

Substance Abuse Treatment Information:

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

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

Other Program/Offender Information authorized for release/exchange:

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

Purpose of Disclosure:

UA results for employment



(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: Gabriel Macias Date of Birth: 08/27/88

Signature: Gabriel Macias Date: 10/05/22

Staff Witness (or) Notary Signature: [Signature] Date: 10.5.22

Staff Witness Printed Name (or) Notary Stamp: Tiffany 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.

