

3 Other Mental Health Protected Information:

_____ Client Initial

*My initials indicate I authorized disclosure of my Other Protected Health Information which is not related to substance abuse treatment or other behavioral health treatment and/or information, as follows:
(Specific and meaningful description of information. For example: mental health evaluation reports, mental health treatment plans, mental health progress reports, mental health screenings and assessments, medical screening and medication monitoring records. Please include specific document types, case numbers, program names and dates or date ranges).*

I am authorizing the release of my Protected Health Information as described by signing below.

Client Signature

Date

Part III: Acknowledgements

Right to Revoke: I understand that I have the right to revoke this authorization at any time in writing to:

Attention: Records Custodian
Mesa County Criminal Justice Services
636 South Avenue, Grand Junction, CO 81501

- 1 I understand that the revocation is only effective after it is received and logged. I understand that any use or disclosure made prior to the revocation 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 terminates or if not currently involved with the program, this authorization will expire twelve (12) months from the date of my signature below.
- 6 Summit View will ONLY release information or documentation generated by Summit View. Information or documentation from other agencies such as referral agencies, treatment providers, or medical agencies will not be released by Summit View. Persons or agencies requesting such information will be directed to the person or agency that generated the information or documentation.

Printed Client Name

Date of Birth

Client Signature

Date

Staff Signature

Date