

ADULT PROTECTION RECORDS REQUEST FORM

The release of APS records will only be considered when the requestor provides an appropriate court order, Pursuant to 26-3.1-1-2(7)(b), C.R.S. If the requestor fails to attach the appropriate court order authorizing release, the application will be automatically denied.

Date: _____

Name of Requestor: _____ Phone: _____

Client Name: _____

Birth date: _____

Information Requested: _____

Reason for Records Request: _____

PLEASE INCLUDE A CLEAR COPY OF YOUR PHOTO IDENTIFICATION. THE PICTURE AND SIGNATURE MUST BE CLEAR.

REQUEST MAY TAKE 30 BUSINESS DAYS TO PROCESS.

Confidentiality of Records:

1. All Human Services information is to be treated as confidential. Whenever there is a question about the equality of releasing confidential information, the person seeking the information shall be advised to obtain an appropriate Court Order for the production of information.
2. The person seeking access to records will sign an agreement to preserve the confidentiality of the records.
3. Pursuant to Volume 30.250, K of the Department of Human Services Staff Manual, any person who willfully violates confidentiality or who encourages the release of information related to the mistreatment and self neglect of an at-risk adult from CAPS or the APS case file, to persons not permitted access to such information, commits a Class 2 petty offense and shall be punished as provided in Section 26-3.1-102(7)(c), C.R.S.

Date: _____ Signature: _____

THE CHARGE FOR RECORDS IS 40.00 DOLLARS PER HOUR. THERE IS NO CHARGE FOR THE FIRST HOUR OF WORK. A DEPOSIT OF 50.00 MAY BE REQUIRED FOR REQUESTS THAT ARE OVER 100.00 DOLLARS. ALL RECORDS ARE SENT ELECTRONICALLY. IF A PHYSICAL COPY IS REQUIRED THERE WILL BE A CHARGE OF .25 PER PAGE PLUS THE HOURLY FEE. PAYMENT FOR RECORDS MUST BE MADE IN FULL BEFORE THEY ARE RELEASED.