



Colorado Problem-Solving Courts

Screening Release of Information

As part of your referral and application to the Problem-Solving Court, the Problem-Solving Court team may need to share certain information to determine your eligibility for the program. This form explains what information may be shared, with whom, and for what purpose. It is separate from any probation release and applies only to your referral to the Problem-Solving Court.

1. My Information

Name: _____ Date: _____

Case Number(s): _____ County: _____

2. Release

I consent for the "**Listed Entities**" checked below, including but not limited to the listed members of the 8th Judicial District Wellness Court, to share and exchange records and information about me with one another for the purposes selected in Section 7 below. This consent applies to records held by the Listed Entities and related to my referral to the Problem-Solving Court, including those contained in the Problem-Solving Court statewide data management system. This consent does not apply to records and information covered by HIPAA, 42 CFR Part 2, or FERPA unless I give additional consent in Sections 4, 5 and 6 below. I understand that if I sign this consent:

- a) The Listed Entities may share and exchange records and information for the uses selected in Section 7 below; and
- b) They may do this orally or in writing.

3. Listed Entities: (Check all that apply)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Court/Problem-Solving Court Judicial Officer | <input type="checkbox"/> Schools / School Districts |
| <input checked="" type="checkbox"/> Problem-Solving Court Coordinator | <input checked="" type="checkbox"/> Evaluator / Treatment Provider |
| <input type="checkbox"/> Veteran Peer Mentor Coordinator | <input checked="" type="checkbox"/> Applicant's Private Therapist |
| <input checked="" type="checkbox"/> Problem-Solving Court District Attorney | <input type="checkbox"/> Veterans Justice Outreach Officer / Veterans Affairs |
| <input checked="" type="checkbox"/> Problem-Solving Court Public Defender /Defense Counsel | <input checked="" type="checkbox"/> Larimer County Community Justice Alternatives |
| <input checked="" type="checkbox"/> 8th Judicial District Probation Dept. | <input checked="" type="checkbox"/> SummitStone Health Partners |
| <input type="checkbox"/> _____ County Department of Human/Social Services | <input checked="" type="checkbox"/> PSC Law Enforcement Representative |
| <input type="checkbox"/> Colorado Department of Human Services (DHS) / Division of Youth Services (DYS) | <input type="checkbox"/> Additional Problem-Solving Court: _____ |
| <input type="checkbox"/> Drug / Alcohol Testing Entity | <input type="checkbox"/> Parent / Guardian / Legal Custodian |
| | <input type="checkbox"/> Other: _____ |

4. Health Records

I understand that some of the Listed Entities may be “Covered Entities” as defined by the Health Insurance Portability and Accountability Act (**HIPAA**). *45 CFR Parts 160 and 164.*

Covered Entities may not share Protected Health Information (**PHI**), as defined by HIPAA, without my written consent, unless otherwise allowed by HIPAA.

I also understand that not all of the Listed Entities are subject to HIPAA.

So, once PHI is disclosed under this authorization, it may be redisclosed by a recipient and may no longer be protected by HIPAA.

Treatment:

I understand that this form does not constitute consent for treatment, that any consent for treatment will be obtained directly from the entities providing treatment, and that a treatment provider may not condition treatment on whether I sign this form.

Initial Here:

Pursuant to HIPAA, I authorize the exchange of information/records selected below by and between the Listed Entities for the uses selected in Section 7 below:

_____ (*Applicant Initials*)

_____ (*Parent/Guardian Initials, if applicable*)

Information/Records: (*Check all that apply*)

- Name and Identification Information
- Problem-Solving Court Referral Information
- Diagnostic and Prognostic Information
- Clinical Progress Information
- Treatment Termination or Discharge Information
- Progress, Participation, or Compliance Reports
- Evaluation and Treatment Information and History

- PSIR/JASR/ASR, Including Attachments
- Drug / Alcohol Evaluation / Test Results
- Substance, Medication, or Prescription Monitoring
- Problem-Solving Court Related Attendance
- Other: _____
- Other: _____

5. Substance Use Disorder Treatment Records

I understand that substance use disorder treatment records and information (**SUD Treatment Records**) are protected by federal law. *42 CFR Part 2.*

SUD Treatment Records cannot be disclosed without my written consent, unless otherwise provided for in the regulations.

I also understand that recipients may only redisclose this information with my written consent, unless otherwise permitted by 42 CFR Part 2.

Initial Here:

Pursuant to 42 CFR Part 2, I authorize the exchange of the SUD Treatment Records selected below by and between the Listed Entities for the uses selected in Section 7 below:

_____ (Applicant Initials)

_____ (Parent/Guardian Initials, if applicable)

Information/Records: (Check all that apply)

- Name and Identification Information
- Treatment Termination or Discharge Information
- Problem-Solving Court Referral Information
- Problem-Solving Court Progress, Participation, or Compliance Reports
- Evaluation and Treatment Information and History
- Diagnostic and Prognostic Information

- Drug / Alcohol Evaluation / Test Results
- Clinical Progress Information
- Substance, Medication, or Prescription Monitoring
- Problem-Solving Court Related Attendance Information
- PSIR/JASR/ASR, Including Attachments
- Other: _____
- Other: _____

6. Education Records

I understand that records about me held by my school(s) are protected by the Family Educational Rights and Privacy Act (**FERPA**).

Under FERPA, my education records cannot be disclosed without my written consent, unless otherwise permitted by FERPA.

I also understand that once education records are disclosed under this authorization, they may then be redisclosed by a recipient and no longer protected by FERPA.

Initial Here:

Pursuant to FERPA, I authorize the exchange of my education records, as that term is defined by FERPA, including but not limited to school grades, test scores, behavior reports, individualized education programs, and graduation status, by and between the Listed Entities for the uses selected in Section 7 below.

_____ (Applicant Initials)

_____ (Parent/Guardian Initials, if applicable)

7. Use of Records

I authorize the Listed Entities to use the information and records that are exchanged between them for the following purposes:

(Check all that apply. At least one option must be selected.)

- Determining eligibility for the Problem-Solving Court
- Referral, diagnosis, evaluation, and/or treatment
- Multi-agency coordination, as necessary, to ensure the individual meets the entry and eligibility requirements of the Problem-Solving Court.
- Reports to the Court
- Problem-Solving Court team staffing
- Programmatic Evaluation purposes
- Other: _____

8. Acknowledgments:

Expiration

I understand that the consents I provide through this form will expire when the Court issues a sentencing order and/or at the time of entry into the Problem-Solving Court.

Revoking Consent

I understand that I may revoke my consent in writing at any time prior to expiration.

Keep in mind: If you revoke consent, it will prevent the Problem-Solving Court from completing your screen, which could impact your entry into the program.

I understand that if I revoke consent, it will not be effective for information and records that have already been disclosed prior to my consent being revoked.

Copies: I understand that copies of this form may be used in place of the original and that the information covered by this release may be communicated by email or fax.

9. Signatures

By signing below, I reaffirm the consents I gave above for the release of the records and information described above for use by the Listed Entities for the purposes I selected above. If I initialed the

consents contained in Section 4, 5, and/or 6 above, this reaffirmation applies to records and information that are protected under HIPAA, 42 CFR Part 2, and/or FERPA.

I acknowledge that I have been informed of:

- a) My right to refuse to sign this form;
- b) Any conditions related to my consent or refusal; and
- c) My right to receive a copy of the signed form, upon request.

Applicant: _____ Date: _____

Parent/Guardian (*if applicable*): _____ Date: _____

Relationship to Juvenile Applicant (*if applicable*): _____

Staff: _____ Date: _____

Notice to Recipients of Confidential Information and Records

This notice accompanies a disclosure of information concerning an applicant whose information is protected by the Health Insurance Portability and Accountability Act (commonly referred to as HIPAA), 42 CFR Part 2, the Family Educational Rights and Privacy Act (commonly referred to as FERPA), or other federal or state laws or regulations. 42 CFR Part 2, HIPAA, FERPA, and other federal and state laws and regulations prohibit unauthorized disclosure of these records.

Accordingly, you must treat this information as strictly confidential and may not redisclose it to any third parties except in compliance with the requirements of the relevant legal authorities. You and/or your organization are solely responsible for complying with all applicable federal and state laws and regulations with respect to how you treat this information.