



8th Judicial District

Wellness Court

Larimer County Justice Center
201 LaPorte Avenue
Fort Collins, CO 80521

Pre-Screen Release of Information

Client Name (Printed): _____

Date: _____

Clients Date of Birth: _____

You have been referred to the 8th Judicial District Wellness Court. By signing this release, you are agreeing that the 8th Judicial District Wellness Court partners (listed below) can talk to your medical and mental health providers (including substance abuse treatment providers) and to each other about you in order to see if you are a good fit for the Wellness Court program. Some of those providers might ask you to sign their own releases before they will share information for this assessment. Also, if you are accepted for a full evaluation, you will be asked to sign further releases. If you have any questions about this process, talk to your attorney.

Authorization for the Receipt and Exchange of Information

I, _____, hereby authorize **The 8th Judicial District Wellness Court** (the 8th Judicial District Courts, Larimer County Community Corrections, SummitStone Health Partners, Colorado State Public Defenders' office, 8th Judicial District Attorneys' office, the 8th Judicial District Probation Department, Fort Collins Police Department, Loveland Police Department, Larimer County Sheriff's Office, Colorado State University Police Department) and _____ to receive and exchange the information about me listed below. I also understand that my criminal history and probation history will be reviewed by the partners as part of this assessment process. The information can be received and exchanged in writing or verbally.

(Initial) _____ All Medical and mental health treatment records which includes mental health condition and treatment, for all dates of treatment: Including, but not limited to; clinical charts, office notes, test reports, test data, notes of progress-to-date, consultation reports and notes, outpatient records, correspondence related to clinical matters, and _____.

I agree that any medical and mental health treatment provider can discuss any communications that I have had with them either verbally or in writing, and that I am authorizing them to give opinions and answer questions as part of the Wellness Court assessment process.

(Initial) _____ Drug abuse or alcohol abuse, which includes, if any, alcohol and substance abuse condition and treatment information. Includes all information regarding any assessment, diagnosis, referral history, or discussion of drug abuse or alcohol abuse.

I agree that any drug or alcohol treatment provider can discuss any communications that I have had with them either verbally or in writing, and that I am authorizing them to give opinions and answer questions as part of the Wellness Court assessment process.

I understand that my records and / or those of any individual(s) or agencies listed above may be protected under federal and state confidentiality regulations. I also understand that the Wellness Court partners are obligated to keep my medical, mental health, and treatment information confidential under their guidelines. I understand that if I have authorized the release of drug abuse and / or alcohol abuse information that the confidentiality of this information is protected by Federal



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Law [42 CFR, Part 2]. This information cannot be disclosed without my written consent, unless otherwise specifically provided for in the regulations. I understand that I may revoke this consent at any time. Copies of this form may be used instead of the original. I understand and agree that this release form may be sent to the agencies and persons identified above. I also understand that information covered by this release may also be communicated via email or fax. This consent expires: _____ (two years, or sooner, from date of this release).

I understand that I can revoke this consent at any time in writing.

Client: _____

Date: _____

Witness: _____

Date: _____

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 it 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 medical or other information is NOT sufficient for this purpose.

Consent Revoked: _____

Date: _____

Witness: _____

Date: _____