



Consent to Release Information

_____, (Name and DOB) by means of this document, voluntarily give my consent to (agency) _____ to release information to, and receive information from, (agency/person) _____ either verbally or in writing.

Type of Information which may be Released—Check all that apply:

- ALL INFORMATION LISTED BELOW
- Medical / Case Management Coordination
- Medical Healthcare Services
- Oral Healthcare Services
- Mental Health/Substance Use Support
- Healthcare Coordination
- Housing Services Coordination
- Food Bank/Transportation Support
- Employment Support Information
- Financial/Legal Support Information
- Other:
 - _____
 - _____
- Emergency Contact:
 - _____

Purpose, Duration, and Revocation of Release

This Consent to Release Information is specifically for the purpose and information identified herein, and does not constitute consent for release of any other information.

This Consent to Release Information is valid for one year from the date indicated. I understand that I may, at any time, revoke this Consent to Release Information, except to the extent that action has already been taken. Revocation may be by written notice, or by marking "Revoked" on this form with my signature and date.

Exception to revocation: I understand that I cannot revoke this Consent to Release Information if my participation in this agency is a formal condition of probation, parole, or release of confinement, in which case this Consent to Release Information cannot be revoked until there is formal termination or revocation of release from confinement, probation, or parole.

If the information to be released pertains to diagnosis and treatment for alcoholism and/or drug use, I understand that the confidentiality of this information is protected by Federal Law 42 C. R. S. part 2. Federal law prohibits re-disclosure of this information by the recipient without further written consent.

I understand that this agency has the legal obligation and responsibility to release information to appropriate agencies in order to protect me from harming myself and/or others. I give consent to release information necessary to protect me and/or others. I also release all agencies and employees of these agencies from all liabilities and all claims pertaining to the release and disclosure of such information.

Signature: _____ Printed Name: _____

Date _____