

Criminal Justice Authorization for Release and Exchange of Information

County of San Luis Obispo Drug and Alcohol Services and Mental Health Services
SLO Clinic, Grover Beach Clinic, Atascadero Clinic, & Paso Robles Clinic

Page 1 of 2

Rev. 4/2018

Last Name: Apellido:		First Name: Nombre:		Middle Init: Inicial:		DOB	
Address: Dirección:		City/State/Zip: Ciudad Y Estado:				AZ #:	

Person/Organization Receiving Information / Persona u organización que recibe la información

To Treatment Providers - You only need the name of the provider if they are treatment

<input type="checkbox"/> SLO County Mental Health Services	<input type="checkbox"/> Jail Medical Staff (Public Health Department)
<input type="checkbox"/> Transitions Mental Health Association (THMA)	<input type="checkbox"/> State Department of Health Care Services
<input type="checkbox"/> Aegis Medical Services	<input type="checkbox"/> Redwood Toxicology-Drug Testing Lab
<input type="checkbox"/> Residential Treatment Facilities (name the facility to the right)	
<input type="checkbox"/> Other Treatment Provider (name the provider to the right)	

To Non-treatment Organizations - You must include one or more individual's name below selection.

<input type="checkbox"/> SLO County Superior Court (Write "Judge XXXX and Staff" below)
<input type="checkbox"/> Other Court (Write name of court and "Judge XXXX and Staff" below)
<input type="checkbox"/> SLO County Probation Department (Provide name of Officers and Supervisor) Rosana Ortiz; Tom Milder; Deann Cossin; Sabrina Hume; Kris Smetzer; Amy Gilman; Melissa Rodriguez; David Aguilar; Anthony Mello; Darby Lamprecht; Corman Roulo; Jared Freitas; Julie Elisalda; Jennifer Frame; Freddy Suarez; Todd Paramore; Eugene Roberts; AND (Write name of Officer(s) below:)
<input type="checkbox"/> State Parole Department (Provide name of Officer(s))
<input type="checkbox"/> Your Attorney/Public Defender (Provide name below)
<input type="checkbox"/> District Attorney (Provide name of DDA(s) assigned to the matter)
<input type="checkbox"/> SLO County DUI Program (Write "Steve Berg and Staff" below)
<input type="checkbox"/> Recovery Residence (Name of Facility, provide name of Residence Manager below)
<input type="checkbox"/> CAPSLO (Provide name below)
<input type="checkbox"/> SLO County Jail Custody Staff (Write "Captain Armstrong and Staff") Captain Armstrong and Staff
<input type="checkbox"/> Family Member, Friend, or other individual (List name of person(s) and relationship to client)
<input type="checkbox"/> Other Non-Treatment Provider (Must list name of entity and person to whom information will be disclosed)
<input type="checkbox"/> Other Non-Treatment Provider (Must list name of entity and person to whom information will be disclosed)

**County of San Luis Obispo Drug and Alcohol Services Program
 Authorization for Release and Exchange of Information
 Autorización para Liberar Información**

Page 2 of 2
 Rev. 4/2018

Client Name:

Med. Record #:

Description of the Information to be Released / Descripción de la Información que va a ser liberada

I authorize disclosure of all information related to my diagnosis, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program, prognosis, urinalysis/breathalyzer results, payment record, treatment plan, and discharge status.

Description of the Purpose and Limitations for the Use or Release of the Information

Describe el propósito y las limitaciones para el uso o para liberar la información

I understand that the purpose for the ongoing disclosure of my health information is to allow communication between the SLO County Drug and Alcohol Treatment Program and the entities named in this consent so that those entities can support my treatment, ensure compliance with my court ordered or conditional involvement in the program, and to perform other duties related to their role in my participation in the program.

I understand that:

- I am authorizing the use and/or disclosure of my individually identifiable health information as described above for the purpose listed.
- This authorization is voluntary and I do not need to sign this authorization in order to receive treatment, enrollment in services or for payment for my health care. If my refusal to sign affects SLO County's ability to provide services, you will try to offer services under another program.
- This consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination or revocation of my release from confinement, probation or parole, or other proceeding under which I was mandated into treatment.
- My alcohol and/or treatment records are protected under the federal regulations governing confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
- Unless re-disclosure is required or permitted by law, the recipient of my medical information is prohibited from re-disclosing the information they receive from the Drug and Alcohol Treatment Program. In some cases, re-disclosure is not prohibited and may no longer be protected by federal or state confidentiality law. For example, if I authorize the disclosure of information to a family member, it may no longer be protected.
- I have the right to receive a copy of this authorization.
- Records and copies obtained relating to outpatient psychotherapy care shall be returned or destroyed at the expiration date of this authorization except those obtained for treatment and diagnosis purposes.

I have read and understand the content of this authorization. I am signing this authorization voluntarily and authorize disclosure of my health information.

Patient Signature:
 Firma del Paciente:

Print Name:
 Imprimir Nombre:

Date:
 Fecha:

Representative Signature:
 Representante:

Relation:
 Relacion

Date:
 Fecha:

Staff Signature:

Print Name:
 Imprimir Nombre:

Date:
 Fecha: