



DENVER INDIAN HEALTH AND FAMILY SERVICES, INC.

2880 W Holden Pl, Denver, CO 80204

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FAX: (303) 781-4333

WWW.DIHFS.INFO

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____, authorize Denver Indian Health and Family Services, Inc.

to contact _____ to:

Release the following information:

- Assessment and Diagnosis
- Treatment and Progress
- Social History
- Behavioral Health Test Results
- Lab Results
- Birth Certificate
- Tribal Enrollment
- Physical Examination
- Immunization Records
- Other _____
- Restrict/Exclude the following: _____

Obtain the following information:

- Assess and Diagnosis
- Treatment and Progress
- Social History
- Behavioral Health Test Results
- Lab Results
- Birth Certificate
- Tribal Enrollment
- Physical Examination
- Immunization Records
- Other _____
- Restrict/Exclude the following: _____

The above information is pertaining to of whom I am the Client/Parent or Guardian. _____ (Name)

(Date of Birth)

The purpose of such disclosure is for:

- Coordination of Services
- Developing a Treatment Plan
- Continuity of Care
- Other _____

I understand my records are confidential and cannot be disclosed without my written consent. I also understand that I may revoke this consent at any time and that in any event this consent expires automatically in _____ (Write in number of days) from the date signed below.

The specific information released, the date of release, to who it was released, and the signature of the person releasing the information will be noted in my clinical record. Any information received or sent by this agency may not be released to a third party without an additional release.

Executed this _____ day of _____, 20_____.

Signature of Client/Parent or Guardian: _____

Signature of Witness: _____

- Revocation of Consent:** *I hereby revoke the above consent for release of information. Upon revocation of consent, further release of specified information shall cease immediately*
- Signature (client/parent or guardian) _____

TO THE RECEIVER OF INFORMATION:

This information has been disclosed to you from records protected by Federal confidentiality rules. (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse.