

**EIGHTH JUDICIAL DISTRICT SPECIALTY COURT
AUTHORIZATION FOR THE RELEASE OF RECORD INFORMATION**

NAME: _____ **C#:** _____

SSN: _____ **DOB:** _____

INFORMATION TO BE RELEASED FROM/TO (Check All That Apply):

<input checked="" type="checkbox"/> American Toxicology, ATI	<input checked="" type="checkbox"/> Mojave Mental Health
<input checked="" type="checkbox"/> Appointed Counsel's Office	<input checked="" type="checkbox"/> Human Behavior Institute
<input checked="" type="checkbox"/> Bridge Counseling	<input checked="" type="checkbox"/> Parole and Probation or NDOC
<input checked="" type="checkbox"/> Clark County Detention Center	<input checked="" type="checkbox"/> Providence Group/Choices
<input checked="" type="checkbox"/> Clark County District Attorney's Office	<input checked="" type="checkbox"/> Prison Health Services
<input checked="" type="checkbox"/> CrossRoads of Nevada	<input checked="" type="checkbox"/> Safe Nest
<input checked="" type="checkbox"/> DFS/CPS	<input checked="" type="checkbox"/> Southern Nevada Adult Mental Health Services
<input checked="" type="checkbox"/> Eighth Judicial District Court Personnel	<input checked="" type="checkbox"/> Total Court Services
<input checked="" type="checkbox"/> Freedom House	<input checked="" type="checkbox"/> Westcare
<input checked="" type="checkbox"/> Healthy Minds	<input checked="" type="checkbox"/> Other:

INFORMATION TO BE RELEASED FROM/TO:

- Clark County Department of Family Services for assessment and reporting to:
 Eighth Judicial District Judge & Court Personnel
 Clark County District Attorney Offices & Appointed Counsel

PURPOSE OF RELEASE: Determine treatment needs, program eligibility, and progress.

INFORMATION TO BE RELEASED: (Individual must initial each item to be released)

- | | |
|--|-------------------------------|
| _____ Drug & Alcohol Abuse Assessments | _____ Criminal History |
| _____ Psychological Assessment | _____ Psychiatric Evaluation |
| _____ Clinical Treatment Plans | _____ Clinical Progress Notes |
| _____ Clinical Assessments | _____ Medical Records |
| _____ Other: _____ | |

EXPIRATION OF CONSENT: This consent expires upon case with the Clark County Department of Family Services. This authorization is effective immediately and may be revoked at any time by submittal of a written notification of revocation.

INFORMATION FOR INFORMED CONSENT: The confidentiality of medical, psychiatric and substance abuse information, as well as, criminal history is protected by State and Federal Statutes, Health Insurance Portability & Accountability Act (HIPAA), Rules and Regulations including Nevada Revised Statutes and Title 42 of the Code of Federal Regulation. These statutes, Rules and Regulations require that the individual give informed consent prior to the release of any health/mental health/criminal history specifically provided for within the Statutes, Rules, and Regulations. A consent to release information will be considered valid only when it states: who will release the information, who will receive the information, the purpose for which the information will be used, what specific information will be released and when the consent will expire.

 Signature of Participant

 Date

 Signature of Witness

8th Judicial District Court _____
 Printed Name of Witness & Agency

 Date

Records of the identity, diagnosis, prognosis, or treatment of any participant which are maintained in connection with the Eighth Judicial District Court relating to a case with the Clark County Department of Family Services shall be kept confidential in manner consistent with Nevada Revised Statutes 49.207 through 49.213 inclusive and 42 U.S.C. § 290dd-2.