EIGHTH JUDICIAL DISTRICT SPECIALTY COURTS
AUTHORIZATION FOR THE RELEASE OF RECORD INFORMATION

How to Request Medical and/or Psychiatric Records

1. Have your client complete and sign the release of information (attached) for each treatment provider.
2. Contact prior treatment facility to obtain contact person, telephone number and fax number of the medical records department.
3. Submit signed ROI to applicable medical records departments with information of where the records should be sent to.

Please Note: It is the applying party's responsibility to submit the supporting documentation/medical records with the application in order for the referral to be processed by the receiving court. These instructions and the subsequent ROI are included for your convenience. The Specialty Court staff are not responsible for obtaining medical records for applicants. Please also be aware that some facilities may require their own release form to be completed and signed by your client.

Common Treatment Facilities & Medical Records Contact Info:

1. **Southern Nevada Adult Mental Health Services (SNAMHS)/Rawson-Neal Hospital**
   Phone: 702-486-6045
   Fax: 702-486-7152

2. **Seven Hills Hospital**
   Phone: 866-331-5541
   Fax: 702-614-2086

3. **Desert Parkway Hospital**
   Phone: 702-776-3508
   Fax: 702-776-3595

4. **Spring Mountain Treatment Center**
   Phone: 702-873-2400
   Fax: 702-873-1859

5. **Valley Behavioral Health**
   Phone: 702-388-4000
   Fax: 702-388-4585

THE STATE OF NEVADA
EIGHTH JUDICAL DISTRICT COURT
SPECIALTY COURTS APPLICATION

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF CONFIDENTIAL RECORDS AND/OR PROTECTED HEALTH INFORMATION

Name: _____ Case#: _____

Address: _____ Phone: _____

Social Security: _____ DOB: _____

I _____ hereby authorize _____
to have unrestricted communication with **a representative of the Eighth Judicial District Specialty Courts Program**.

This release includes phone calls, visitations, release of confidential information and protected health information to/from the above named agencies. The purpose of this release is to allow access to information the Court will use to determine whether or not I am an appropriate for a Specialty Court program. I hereby release the holder of such information from liability if any; arising from the disclosure of otherwise confidential information. You are specifically authorized to photocopy the following records and to release copies to the above mentioned representative. Records may include but are not limited to:

_____ Medical History and Treatment _____ Correctional Records
_____ Judicial Records (including juvenile)
_____ Other _____

USE AND REDISCLOSURE: I understand that I may revoke this authorization at any time, by written request, except to the extent that action has been taken in reliance to it. I understand that the information used and disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected. This consent, if not withdrawn, will automatically expire according to the following specification of date, event, or condition: one year or disposition of current case. A reproduced copy of this authorization shall be as valid as the original. This information may also be provided to any subsequent attorney who represents me for the previously outlined purposes or to facilitate an appeal.

Note: The confidentiality of psychiatric, drug and/or alcohol abuse and HIV records is required and no information from these specific records shall be transmitted to anyone else without written consent or authorization as provided under Federal Regulation 42 CFR 2. Regulations prohibit any further disclosure without specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information is not sufficient for this purpose. I give consent to the release of any or all records containing the following diagnoses for the intended purposes and conditions as stated above:

_____ Psychiatric/Psychological Records
_____ Drug/Alcohol Treatment Records
_____ Other: _____

_____ _____
Client Signature Date

_____ _____
Witness Date

Records of the identity, diagnosis, prognosis, or treatment of any participant which are maintained in connection with the Eighth Judicial District Court Specialty Courts Program, or any activity relating to the application or participation in said Program, including, but not limited to, Risk/Needs Assessment, shall be confidential in manner consistent with Nevada Revised Statutes 49.207 through 49.213 inclusive and 42 U.S.C. § 290dd-2.