

**ABC COUNSELING**

**Release of Information or Authorization of  
Mental, Drug, Alcohol, and/or Anger Management Issue Records**

This release serves as: A Request for Information

I, \_\_\_\_\_ DOB: \_\_\_\_\_ hereby authorize

**ABC COUNSELING** – 109 Beaver Ave, Fort Morgan, CO 80701 970-867-4495.

TO RELEASE THE FOLLOWING INFORMATION: All records of Mental, Drug, Alcohol, and/or Anger Management Issues to: **LOGAN COUNTY SHERIFF’S OFFICE, 110 Riverview Rd. Rm. 116, Sterling, CO 80751 970-522-2578.**

**For the purpose of:** Obtaining a Concealed Weapons Permit

**Periods of Treatment:** All Treatment Episodes

X \_\_\_\_\_  
**Applicant Signature** **Date**

X \_\_\_\_\_  
**Parent/Guardian Authorized Representative Signature Relationship Date**

X \_\_\_\_\_  
**LCSO Staff Signature Date**

Consent Revoked: \_\_\_\_\_  
**Consumer/Guardian Signature Date**

**HIGH PLAINS COUNSELING**

**Release of Information or Authorization of  
Mental, Drug, Alcohol, and/or Anger Management Issue Records**

This release serves as: A Request for Information

I, \_\_\_\_\_ DOB: \_\_\_\_\_ hereby authorize

**HIGH PLAINS COUNSELING – 514 W. Railroad Ave, Fort Morgan, CO 80701 970-542-2345.**

**TO RELEASE THE FOLLOWING INFORMATION: All records of Mental, Drug, Alcohol, and/or Anger Management Issues to: LOGAN COUNTY SHERIFF’S OFFICE, 110 Riverview Rd. Rm. 116, Sterling, CO 80751 970-522-2578.**

**For the purpose of:** Obtaining a Concealed Weapons Permit

**Periods of Treatment:** All Treatment Episodes

X \_\_\_\_\_  
**Applicant Signature** **Date**

X \_\_\_\_\_  
**Parent/Guardian Authorized Representative Signature Relationship Date**

X \_\_\_\_\_  
**LCSO Staff Signature Date**

Consent Revoked: \_\_\_\_\_  
**Consumer/Guardian Signature Date**

**CENTENNIAL MENTAL HEALTH CENTER**

**Release of Information or Authorization**

**Mental Health and/or Substance Abuse**

This Release also serves as a Request For Information

Origin of Authorization: \_\_\_ Internal       External      Direction of Authorization  Outgoing       Incoming

I, \_\_\_\_\_ hereby authorize

|  |                      |                     |              |
|--|----------------------|---------------------|--------------|
| Name of Consumer                       | DOB                  |                     |              |
| <u>Centennial Mental Health Center</u> | <u>211 West Main</u> | <u>Sterling, CO</u> | <u>80751</u> |
| Name                                   | Address              | City/State          | Zip          |

AND

|                   |                                      |                                  |                           |                     |
|-------------------|--------------------------------------|----------------------------------|---------------------------|---------------------|
| Other Agency Name | <u>Logan County Sheriff's Office</u> | <u>110 Riverview Rd. Rm. 116</u> | <u>Sterling, CO 80751</u> | <u>970-522-2578</u> |
| Agency Name       | Address                              | City/State/Zip                   | Phone                     |                     |

\_\_\_\_\_  
Contact Person

**To Release the Following Information:** (Check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> All Clinical Records                | <input type="checkbox"/> Evaluation/Assessment      | <input type="checkbox"/> Physician's Records |
| <input type="checkbox"/> Lab Reports                         | <input type="checkbox"/> Service Plans              | <input type="checkbox"/> Progress Notes      |
| <input type="checkbox"/> Attendance /Participation /Progress | <input type="checkbox"/> Discharge/Transfer Summary | <input type="checkbox"/> Verbal Discussions  |

Other Minimum information required by Logan County Sheriff's Office to determine issuance of Concealed Weapons Permit.

**For the Purpose of:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Treatment (Internal & External)  | <input type="checkbox"/> Operations (Administrative) | <input type="checkbox"/> Payment (Reimbursement) |
| <input type="checkbox"/> Other (Indicates HIPPA Authorization, use only when necessary)      Specify: _____ |  |  |

**Periods of Treatment:**       All Treatment Episodes      \_\_\_ Current Treatment Episode  
 \_\_\_ Specific Treatment Episode:    Begin Date: \_\_\_\_\_    End Date: \_\_\_\_\_

If the purpose of this disclosure is marked as "Other" whether or not Treatment, Payment or Operations are checked, then this is a HIPAA Compliant Authorization. As such, the Center may not condition treatment, payment, enrollment, or eligibility for benefits on my signing this Authorization and must provide me a copy.

I understand that my records or those of the individual listed above are protected under state and federal Substance Abuse and Mental Health confidentially regulations including 42CFR Part 2. Information cannot be disclosed without my written consent, unless otherwise specifically provided for in the regulations. I understand and agree that this release form may be sent to the agencies and persons identified above. Copies of this form may be used in lieu of the original.

I understand there is potential for information disclosed as a result of this release/authorization to be re-disclosed by the recipient and therefore no longer protected by the HIPAA Privacy regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken based upon it. This consent expires and cannot be used past the indicated date or event.

**Expiration Date:** \_\_\_\_\_ **OR Expiration Event:** \_\_\_\_\_  
Not more than one year

**X** \_\_\_\_\_  
**CONSUMER SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
Parent, Guardian or Authorized Representative Signature      Relationship/Authority      Date

\_\_\_\_\_  
Staff Member Signature      Date

**Consent revoked:** \_\_\_\_\_  
Consumer or Guardian Signature      Date

A COPY OF THIS RELEASE SHOULD BE PROVIDED TO THE CONSUMER

## **C.C.W. PERMIT INSTRUCTIONS**

On a computer go to [www.logancosheriff.com/concealed/concealed.htm](http://www.logancosheriff.com/concealed/concealed.htm) and click on Concealed Weapons Application to download.

Once you have completed all the necessary paperwork, bring it to the Sheriff's Office along with a check made out to the Logan County Sheriff's Office for \$100 and a Money Order for \$52.50 made out to the Colorado Bureau of Investigation. You **MUST** have a Money Order for CBI, but the Sheriff's Office will take a personal check (or cash).

A copy of your driver's license will be made at the Sheriff's Office and you will then receive instructions on getting your fingerprints and photo taken.

Once your application has been approved (or denied) you will be contacted by the Sheriff's Office. Please do not call to check on the status of your application as it could take up to 90 days to complete.