

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 N. Riverview Rd. Rm. 116, Sterling, CO 80751; 970-522-2578**

For the purpose of: Obtaining a Concealed Handgun 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 COUNSELNG

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 N. Riverview Rd. Rm. 116, Sterling, CO 80751; 970-522-2578**

For the purpose of: Obtaining a Concealed Handgun 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

X This Release also serves as a Request For Information

Origin of Authorization: Internal X External Direction of Authorization X Outgoing **X Incoming**

I, _____ hereby authorize

Name of Consumer

DOB

Centennial Mental Health Center

211 West Main

Sterling, CO

80751

Name

Address

City/State

Zip

AND

Other Logan County Sheriffs Office 110 Riverview Rd. Rm. 116

Sterling, CO 80751

970-522-2578

Agency Name

Address

City/State/Zip

Phone

Contact Person

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

All Clinical Records

Evaluation/Assessment

Physician's Records

Lab Reports

Service Plans

Progress Notes

Attendance /Participation /Progress

Discharge/Transfer Summary

Verbal Discussions

X Other Minimum information required by Logan County Sheriffs

Office to determine issuance of Concealed Handgun Permit

For the Purpose of:

Treatment (Internal & External)

Operations (Administrative)

Payment (Reimbursement)

X Other (Indicates 1-11PPA Authorization, use only when necessary)

Specify: Concealed Handgun Permit

Periods of Treatment;

X 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: Upon receipt of Handgun Permit

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.H PERMIT INSTRUCTIONS

On a computer go to www.logancosheriff.com. Click on CHP and select the mental health and concealed handgun application. Both need to be printed out.

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 Cashier's Check or Money Order for \$52.50 made out to the Colorado Bureau of Investigation. You MUST have a cashier's check or money order for the 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.