JDF 264

Post-Sentence Release of Information

1. My Information

Name: Amber Green Date6/26/2024

Case Number(s): 22CR3106 County: Boulder

For purposes of diversion, informal adjustment, deferred judgment/adjudication or probation, I am supervised by: ☒ Colorado's 20th Judicial District Probation Department or ☐ The Probation Department of the Juvenile Court of the City and County of Denver (***Probation***).

2. Release

I consent for the "***Listed Entities***" selected below and Probation to share and exchange records and information about me with each other for the purposes selected in Section 7 below. This consent applies to all records held by Probation or the Listed Entities including, but not limited to, all records contained in my supervision file. This consent does not apply to records and information covered by HIPAA, 42 CFR Part 2, or FERPA unless I provide the necessary consents in Sections 4, 5 and 6 below. I understand that if I sign this consent:

a) Probation and the Listed Entities may share and exchange records and information for the uses selected in Section 7 below; and

b) They may do this orally or in writing.

3. Listed Entities: *(Check all that apply)*

- ☒ Court/Judge/Magistrate
- ☒ 20th Judicial District Prosecuting Attorney
- ☐ Colorado Department of Human Services (DHS)/Division of Youth Services (DYS)
- ☒ Public Defender/Defense Attorney
- ☐ Community Corrections Board or Facility
- ☐ Parent/Guardian/Legal Custodian
- ☐ Colorado Youthful Offender System (YOS)
- ☒ Employer
- ☐ Guardian Ad Litem
- ☐ Pre-Trial Agency/CYDC
- ☒ Drug/Alcohol Testing Entity
- ☐ Problem-Solving Court (PSC) Coordinator/PSC Team
- ☐ _____ County Department of Human/Social Services
- ☒ Client's Private Therapist
- ☒ Evaluator/Treatment Provider
- ☐ Colorado Department of Corrections (DOC)
- ☐ Schools/School Districts
- ☐ SOMB-Approved Polygraph Examiner
- ☐ Community Supervision Team (CST)*
- ☐ Multi-Disciplinary Team (MDT)*
- ☐ Multi-Disciplinary Treatment Team (MTT)*
- ☐ Forensic Computer Analyst
- ☐ Juvenile Assessment Center
- ☐ Viewing Time Assessment/Plethysmograph Examiner

☒ Colorado State Probation Departments
☒ Other: Gateway to Success
☐ Other: _____
☐ Other: _____

☐ Out-of-State Probation Department Pursuant to the Interstate Compact on Adult Offender Supervision (ICAOS) or Interstate Compact for Juveniles (ICJ)

*The CST, MDT, and MTT are teams of professionals who work together to make decisions about supervision and treatment. The victim(s) in the case(s) are not members of these teams.

4. Health Records

I understand that some of the Listed Entities may be "Covered Entities" as defined by the Health Insurance Portability and Accountability Act (***HIPAA***). *45 CFR Parts 160 and 164.*

Covered Entities may not share Protected Health Information (***PHI***), as defined by HIPAA, without my written consent, unless otherwise allowed by HIPAA.

I also understand that neither Probation nor many of the Listed Entities are subject to HIPAA.

So, once PHI is disclosed under this authorization, it may be redisclosed by a recipient and may no longer be protected by HIPAA.

Treatment:

I understand that this form does not constitute consent for treatment, that any consent for treatment will be obtained directly from the entities providing treatment, and that a treatment provider may not condition treatment on whether I sign this form.

Initial Here:

Pursuant to HIPAA, I authorize the exchange of information/records selected below by and between Probation and the Listed Entities for the uses selected in Section 7 below:

DR (*Client Initials*) _____ *(Parent/Guardian Initials, if applicable)*

Information/Records: *(Check all that apply)*

☒ Name and Identification Information
☒ Referral Information
☒ Progress, Participation, or Compliance Reports
☒ Diagnostic and Prognostic Information
☒ Drug/Alcohol Evaluation/Test Results
☒ Clinical Progress Information
☐ PSIR/JASR/ASR, Including Attachments
☒ Attendance Information
☒ History and Examination Data
☒ Evaluation and Treatment Information and History
☒ Substance, Medication, or Prescription Monitoring
☒ Treatment Termination or Discharge Information

- ☐ Sexually Violent Predator (SVP) Assessment
- ☐ Offense Specific Evaluation(s)
- ☐ Other: _____
- ☐ Polygraph Reports and Related Information
- ☐ Other: _____
- ☐ Other: _____

5. Substance Use Disorder Treatment Records

I understand that substance use disorder treatment records and information (***SUD Treatment Records***) are protected by federal law. *42 CFR Part 2.*

SUD Treatment Records cannot be disclosed without my written consent, unless otherwise provided for in the regulations.

I also understand that recipients may only redisclose this information with my written consent, unless otherwise permitted by 42 CFR Part 2.

Initial Here:

Pursuant to 42 CFR Part 2, I authorize the exchange of the SUD Treatment Records selected below by and between Probation and the Listed Entities for the uses selected in Section 7 below:

_____ *(Client Initials)* _____ *(Parent/Guardian Initials, if applicable)*

Information/Records: *(Check all that apply)*

- ☒ Name and Identification Information
- ☒ Referral Information
- ☒ Progress, Participation, or Compliance Reports
- ☐ Diagnostic and Prognostic Information
- ☒ Drug/Alcohol Evaluation/Test Results
- ☐ Clinical Progress Information
- ☐ PSIR/JASR/ASR, Including Attachments
- ☐ Other: _____
- ☒ Attendance Information
- ☒ History and Examination Data
- ☒ Evaluation and Treatment Information and History
- ☐ Substance, Medication, or Prescription Monitoring
- ☒ Treatment Termination or Discharge Information
- ☐ Other: _____
- ☐ Other: _____

6. Education Records

I understand that records about me held by my school(s) are protected by the Family Educational Rights and Privacy Act ***(FERPA)***.

Under FERPA, my education records cannot be disclosed without my written consent, unless otherwise permitted by FERPA.

I also understand that once education records are disclosed under this authorization, they may then be redisclosed by a recipient and no longer protected by FERPA.

Initial Here:

Pursuant to FERPA, I authorize the exchange of my education records, as that term is defined by FERPA, including but not limited to school grades, test scores, behavior reports, individualized education programs, and graduation status, by and between Probation and the Listed Entities for the uses selected in Section 7 below.

_____ *(Client Initials)* _____ *(Parent/Guardian Initials, if applicable)*

7. Use of Records

I authorize Probation and the Listed Entities to use the information and records that are exchanged between them for the following purposes:

(Check all that apply. At least one option must be selected.)

- ☒ Monitoring My Compliance with the Terms and Conditions of Supervision
- ☒ Referral, Diagnosis, Evaluation, and/or Treatment
- ☐ Multi-Agency Coordination as Necessary to Ensure Compliance with Terms and Conditions of Supervision
- ☒ Reports to Court
- ☐ Interdisciplinary Team Staffing
- ☐ Initial Screening, Placement, Intake, and Evaluation Purposes by DOC, YOS, DYS, or Community Corrections if Supervision is Revoked and the Court Resentences Me to the Custody or Supervision of DOC, YOS, DYS, or Community Corrections
- ☐ Preparation and Transfer of Community Corrections Screen, Alcohol Evaluation, Offense Specific Evaluation, Sexually Violent Predator (SVP) Assessment, PSIR, JASR, and/or ASR
- ☐ Determining Transfer Eligibility and/or Appropriateness, Monitoring Terms and Conditions Compliance, and/or Determining Appropriateness/Necessity of Retaking under ICAOS or ICJ
- ☐ Other: _____

8. Acknowledgments:

Expiration

I understand that the consents I provide through this form will expire the later of:

a) When the Court formally terminates or revokes my supervision; or

b) If my supervision is revoked and I am resentenced to Community Corrections, Colorado Department of Corrections (DOC), Colorado Youthful Offender System (YOS), or Colorado Division of Youth Services/Department of Human Services (DYS), 30 calendar days from the date the Court issues its sentencing order so Probation may

transfer the records covered by this consent form to the Community Corrections Board and/or Facility, DOC, YOS, or DYS for screening, placement, initial intake, and evaluation purposes.

Revoking Consent

I understand that I may revoke my consent in writing at any time prior to expiration.

> **Keep in mind:** If you revoke consent, it may violate the court-ordered terms of your supervision. It may also prevent you from complying with the terms, or prevent Probation from confirming you are complying. If so, the Court may modify or revoke your sentence to supervision.

I understand that if I revoke consent, it will not be effective for information and records that have already been disclosed prior to my consent being revoked.

Copies

I understand that copies of this form may be used in place of the original and that the information covered by this release may be communicated by email or fax.

9. Signatures

By signing below, I reaffirm the consents I gave above for the release of the records and information described above for use by Probation and the Listed Entities for the purposes I selected above. If I initialed the consents contained in Section 4, 5, and/or 6 above, this reaffirmation applies to records and information that are protected under HIPAA, 42 CFR Part 2, and/or FERPA.

I acknowledge that I have been informed of:

a) My right to refuse to sign this form;

b) Any conditions related to my consent or refusal; and

c) My right to receive a copy of the signed form, upon request.

Client: _____ Date: 8/5/2024

Parent/Guardian *(if applicable)*: _____ Date: _____

Relationship to Juvenile Client *(if applicable)*: _____

Officer/Staff: _____

Date: 6/26/2024

Notice to Recipients of Confidential Information and Records

This notice accompanies a disclosure of information concerning a client whose information is protected by the Health Insurance Portability and Accountability Act (commonly referred to as HIPAA), 42 CFR Part 2, the Family Educational Rights and Privacy Act (commonly referred to as FERPA), or other federal or state laws or regulations. 42 CFR Part 2, HIPAA, FERPA, and other federal and state laws and regulations prohibit unauthorized disclosure of these records.

Accordingly, you must treat this information as strictly confidential and may not redisclose it to any third parties except in compliance with the requirements of the relevant legal authorities. You and/or your organization are solely responsible for complying with all applicable federal and state laws and regulations with respect to how you treat this information.