



Bruce Newman Sheriff

Huerfano County Sheriff's Office  
500 S. Albert Walsenburg, CO 81089  
ORI CO0280000  
Inter-agency Release Form



|                              |                              |                     |                              |
|------------------------------|------------------------------|---------------------|------------------------------|
| Name _____                   |                              | Case # _____        | Cad # _____                  |
| Address _____                |                              | Telephone _____     | Fax _____                    |
| Drivers License Number _____ | Social Security Number _____ | Date of Birth _____ | Alternate Phone Number _____ |

**I hereby authorize the following agencies to release and exchange information:**

- |  |   |                               |                               |
|--|---|-------------------------------|-------------------------------|
| <input type="checkbox"/> Huerfano County Sheriff's Office    | <input type="checkbox"/> School District            | <input type="checkbox"/> RE-1 | <input type="checkbox"/> RE-2 |
| <input type="checkbox"/> Department of Social Services       | <input type="checkbox"/> Counselor/Therapist: _____ |                               |                               |
| <input type="checkbox"/> Probation/Parole/Juvenile Diversion | <input type="checkbox"/> Health Department          |                               |                               |
| <input type="checkbox"/> Spanish Peaks Mental Health         | <input type="checkbox"/> Housing Authority          |                               |                               |
| <input type="checkbox"/> Crossroads                          | <input type="checkbox"/> Physician: _____           |                               |                               |
| <input type="checkbox"/> Hospital _____                      | <input type="checkbox"/> Other: _____               |                               |                               |

\_\_\_\_\_ I understand that my records are protected and that any information released pursuant to this consent remains subject to the restrictions stated in title 42 of the Code of Federal Regulations, Part 2, governing the protection of confidential client information and the Health Insurance Portability and Accountability Act of 1996 ("HIPPA"), 45 C.F.R. pts 160 and 164. Any further disclosures or any disclosures used used for any purpose other than indicated above without my written consent will be a violation of my confidential rights.

The following information is requested:

- |   |  |
|---|--|
| <input type="checkbox"/> All Records                              | <input type="checkbox"/> Special Requests: _____ |
| <input type="checkbox"/> Most Recent Records                      |  |
| <input type="checkbox"/> Items not to be released (Specify) _____ |  |

**Consent:** This authorization is voluntary and remains in effect for (up to one year), unless specifically revoked by written Notice from the agency or person. A photocopy of this release is as effective as the original. By signing this release, I Understand and approve that information requested will be provided to each agency checked.

|                                    |            |
|------------------------------------|------------|
| Signature of Individual _____      | Date _____ |
| Signature of Parent/Guardian _____ | Date _____ |
| Signature of Witness _____         | Date _____ |

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulations (34-CFR Part 36) prohibit you from making any further disclosure of this information without the specified written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for release of information is NOT sufficient for this purpose.

**The information should be released to the following address:**

Huerfano County sheriff's Office  
Attn: \_\_\_\_\_  
500 S. Albert  
Walsenburg, CO 81089  
Phone # (719)-738-1600  
Fax # (719) 738-3676