19TH JUDICIAL DISTRICT
CRIME VICTIM COMPENSATION PROGRAM
AUTHORIZATION TO RELEASE & OBTAIN INFORMATION

I/We authorize the release of information between the Nineteenth Judicial District's Victim Compensation Board or their representative, and the following service provider(s) (e.g., counselor, agency, etc.):

	NAME	ADDRESS	ACCOUNT
1.			
2.			
3.			

I/We hereby authorize the release of any medical or counseling information that may be requested by the Crime Victim Compensation Board or their representative. The information authorized to be released may include:

* Medical records concerning requested information.
* Information indicating the use of drugs and/or alcohol, and any treatment information.
* Treatment information to include history, diagnosis, prognosis, clinical approaches, plans and goals, medications, interventions, treatment progress, and discharge status.
* Clinical and psychological assessments, evaluations, and testing summaries.
* Other (specify)_____

Authorization applies to the following individuals (please print):

	NAME	RELATIONSHIP	D.O.B.
1.			
2.			
3.			
4.			

This authorization to release and obtain information as described above is granted by the signing of this document. All persons 18 years and older should sign releases for themselves. Parents or legal guardians should sign release(s) on behalf of minor children.

I/We understand and agree that this release form may be sent to the agencies and/or persons identified above. I/We agree that copies of this form may be used in lieu of the original. I/We understand that release may be revoked at any time.

	SIGNATURE	DATE
1.		
2.		

EXPIRATION: Release expires twelve (12) months after the signature date.

WITNESS:

NAME(print)_____ PHONE_____ SIGNATURE_____

(NOTE: A witness is not required in all circumstances. You may want to consult your treatment provider to determine if a witness is required. If one is required, the claimant or client cannot also be a witness.)

SEND INFORMATION TO: Crime Victim Compensation Program, District Attorney's Office, P.O. Box 1167, Greeley, CO 80632-1167

REVISED: 10/29/98