Interagency Treatment Group

CONSENT TO DISCLOSE
MEDICAL, MENTAL HEALTH, AND SUBSTANCE USE
TREATMENT INFORMATION

This **Consent to Disclose** is needed for the provision, coordination, and management of the health care received by:

_____ _____
Patient's Name (Print) Date of Birth

I consent to the disclosure of my health information (described below) among the representatives of the member agencies of the Interagency Treatment Group, for the provision, coordination, and management of my health care. Member agencies are local healthcare, social services, and criminal justice agencies who have been approved by the Interagency Treatment Group Chair. **Interagency Treatment Group member agencies are listed on page 2 of this form.**

Health Information Disclosed: Members of the Interagency Treatment Group have my permission to disclose, among themselves, information that might include my medical, mental health, and substance use treatment, only as related to coordination of my care. Written treatment records may not be shared without my separate written consent. Minimal necessary information may be shared verbally or via secure (HIPAA and 42 CFR compliant) electronic communication (such as encrypted email) for the purposes of managing this Consent form and notifying involved member agencies about information relevant to my care. The information shared will solely be used to develop a treatment plan, assess the plan's effectiveness, and to coordinate care.

Time Frame: I realize that I may revoke my consent at any time by contacting (Obtaining Agency) _____, except to the extent that the members of the Interagency Treatment Group have already acted in reliance upon it. If not previously revoked, this consent will expire on two years from the date signed, or on (list specific date, event, or condition): _____.

I have read, understand, and agree to the above information, and have read the list of Interagency Treatment Group member agencies listed on page 2 of this form:

_____
Patient Name (Print) Signature

_____
Name (Print) Signature Date
Parent / Legal Representative (If Required) Relationship to Patient _____

Interagency Treatment Group members:
The below listed Member agencies sign memoranda of understanding agreeing to utilize this Consent form to ensure that confidential information of your information is protected and only shared or disclosed consistent with its provisions. Members agree that otherwise confidential or sensitive information shared for the purpose of helping clients is not to be used for the purpose of prosecution or punishment of these persons.

Revised on 10/2/2025

Notice to Members of the Interagency Treatment Group of Redisclosure Prohibition: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Banner Health
Colorado State University (Case Management, Police Services)
Catholic Charities
Denver Rescue Mission
DOC Parole
8th Judicial District Probation Department
Family Medicine Center
Foothills Gateway
City of Fort Collins (Housing Catalyst, Police Services, Municipal Court, Social Sustainability Office)
Health District of Northern Larimer County
Homeward Alliance (Murphy Center)
Larimer County (District Attorney and Sheriff's Offices, Jail and CORR Health, Community Corrections, AIIM Program, Wellness Court, CJA, Competency Services, Mental Health Interventions Pretrial Services, Department of Human Services)
City of Loveland (Municipal Court, Police, Program Shelter)
Northern Colorado Health Alliance
North Range Behavioral Health
Outreach Fort Collins
Poudre Fire Authority
Rocky Mountain Health Plans
Salud Clinic
SummitStone Health Partners
Thompson Valley EMS
UC Health North (Emergency Department, Crisis Assessment Center, EMS, MACC, Mountain Crest)
Veterans Administration Multispecialty Outpatient Clinic.

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