



Options Counseling Authorization for Release of Information

Client Information	
Name:	Date of Birth:
Address:	
Options Counseling Agency:	

I, the undersigned, hereby authorize the Options Counseling Agency to release and/or obtain verbal, electronic or written information regarding the above named individual with the following service providers and agencies for the purpose of making referrals for services and coordination in support of a transition to the community.

Provider	Name	Contact Info <i>(phone or email)</i>	Purpose	Information to be obtained	Information to be disclosed
Nursing Facility					
Transition Coordination Agency					
Transition Coordination Agency					





COLORADO
 Department of Health Care
 Policy & Financing

Provider	Name	Contact Info <i>(phone or email)</i>	Purpose	Information to be obtained	Information to be disclosed
Transition Coordination Agency					
Case Management Agency					
Case Management Agency					
Case Management Agency					

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1. I understand that the Options Counseling Agency cannot guarantee that the recipient will not disclose my health information to a third party. The recipient may not be subject to federal laws governing privacy of health information. I also understand that I may review the disclosed information. The Options Counseling Agency will not release information to any third party without written approval unless so ordered by subpoena or court order.
2. I understand that I may refuse to sign this Authorization and that my refusal to sign will not affect my ability to obtain Community Transition Services.
3. I understand that I may revoke this Authorization in writing at any time, except that the revocation will not have effect on any action taken by the Options Counseling Agency in reliance of this Authorization before written notice is received. I further understand that I must provide any notice of revocation in writing to the Options Counseling Agency.
4. In addition to what is being considered, I would like my Options Counselor to obtain information about the following:

This release is in effect one year from this signature date or you may insert a different date:

Signature of Client or Legal Guardian:

Date:

Revised April 2022

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