Hoopa Valley Tribal Court
Hoopa, California

ADULT WELLNESS COURT

LIMITED AUTHORIZATION TO RELEASE INFORMATION

Name: _____ Last 4 of SSN: _____ Date of Birth: _____

I REQUEST AND AUTHORIZE:

_____ Hoopa M.A.T Program
_____ Humboldt County District Attorney's Office
_____ Probation Officer
_____ Hoopa Tribal Court
_____ Other _____
(Specify)

_____Hoopa Behavioral Health
_____ Humboldt County Public Defender's Office
_____ K'ima:w Medical Center
_____Hoopa Valley Tribal Advocacy Program
_____ Hoopa Child & Family Services

TO RELEASE AND/OR EXCHANGE INFORMATION/RECORDS WITH:

HOOPA WELLNESS COURT
PO BOX 1389
HOOPA, CA 95546
(530) 625-4305

YOU MAY USE OR DISCLOSE THE FOLLOWING INFORMATION (check all that apply):

_____Identifying information
_____General Progress Report*
_____Treatment plan
_____ Attendance Report

_____Diagnosis
_____Discharge summary
_____Current Medications
_____Other(specify)_____

*Progress report does not include session notes: it is a summary of progress only.

REASON(S) FOR AUTHORIZATION: For determination of participation in Hoopa Wellness Court.

MY RIGHTS:

I do have to sign an authorization form: (1) to take part in research study or (2) to receive health care when the purpose is to create health care information for a third party.

I may revoke this authorization in writing. If I did, it would not affect any actions already taken based upon this authorization. I may not be able to revoke this authorization if its purpose was to obtain insurance. Two ways to revoke this authorization: (1) fill out a revocation form, available at the health care facility, or (2) Write a letter to the custodian of records.

Once health care information is disclosed, the person or organization that receives it may re-disclose it. Privacy laws may no longer apply.

I further authorize the sending of any of these records to HOOPA WELLNESS COURT

Signature: _____ Date signed: _____

Print Name: _____

A Copy of this authorization shall have the same effect as the original.

THIS AUTHORIZATION EXPIRES 1 YEAR AFTER THE DATE THAT IT IS SIGNED