COLORADO CHOICE TRANSITIONS
YOUR PATH TO INDEPENDENCE

HOME & COMMUNITY BASED SERVICES HCBS ELDERLY, BLIND AND DISABLED EBD

Community Transition Services – Colorado Choice Transition (CCT) and HCBS – EBD
Authorization for Release of Information

Client Name: _____ Client Birth Date: _____

Client Address: _____

Transition Coordination Agency (TCA): _____ Transition Coordinator: _____

I, the undersigned, hereby authorize the TCA 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 transition assessment, planning, coordination/development of community resources and housing.

Provider	Name	Contact Information (phone or email)	Purpose	Information to be obtained	Information to be disclosed
Nursing Facility					
CMA					
Advocate (Ombudsman, Legal Center etc)					
Family Member					
Other					

1. I understand that the TCA 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 TCA 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 TCA 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 TCA.

4. In addition to what is being considered, I would like my Transition Coordinator 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: _____

Signature (and relationship if not the client) *Date*