



Residential Services  
 650 South Avenue  
 PO Box 20,000  
 Grand Junction, CO 81502-5018  
 Phone (970) 244-3300  
 Fax (970) 241-0836

Community Based Services  
 636 South Avenue  
 PO Box 20,000  
 Grand Junction, CO 81502-5018  
 Phone (970) 244-3344  
 Fax (970) 245-5626

**Summit View Release of Information**

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Release of Information:** My signature below acknowledges consent to the release of information obtained by Mesa County Summit View, allowing communication between Summit View and Agency/Name:

<b>Obtain From:</b>	<b>Release to:</b>
Name: <u>Summit View Treatment</u> Address: <u>650 South Avenue</u> City: <u>Grand Junction</u> Phone: <u>(970) 244-3300</u> Fax: <u>(970) 241-0836</u>	Name: _____ Address: _____ City: _____ Phone: _____ Fax: _____

Client will initial **ONLY** those types of information to be disclosed that apply to the specific release:

Client Initial	Client Initial		
<input type="checkbox"/>	Evaluations/Assessments	<input type="checkbox"/>	Treatment Plan/Case Plan/Status Summary
<input type="checkbox"/>	Psychological/Medical Test Results/Drug Test Results	<input type="checkbox"/>	Psychotherapy Notes
<input type="checkbox"/>	Mental Health Record Summary	<input type="checkbox"/>	Diagnosis
<input type="checkbox"/>	Medical/Hospital Records	<input type="checkbox"/>	Course of Treatment / Progress Reports

**Purpose of Disclosure:** Summit View Staff will check the boxes that apply:

<input type="checkbox"/>	On-going treatment	<input type="checkbox"/>	Transfer	<input type="checkbox"/>	Medical Care
<input type="checkbox"/>	Evaluation	<input type="checkbox"/>	Health Benefit Utilization	<input type="checkbox"/>	Legal Issues
<input type="checkbox"/>	Coordination of Care	<input type="checkbox"/>	Consultation	<input type="checkbox"/>	Other: _____

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Summit View Personnel Signature \_\_\_\_\_ Date \_\_\_\_\_

Summit View will **ONLY** release information or documentation generated by Summit View. Information or documentation from other agencies such as referral agencies, treatment providers, or medical agencies will not be released by Summit View. Persons or agencies requesting such information will be directed to the person or agency that generated the information or documentation.

