DEPARTMENT OF CRIMINAL JUSTICE
AUTHORIZATION FOR RELEASE OF INFORMATION

☒OPIOID CLINICAL ASSESSMENTS&RERRALS

Name:	Jail Tower:
Book-in Number:	AIS Number
DOB:	Age:
Race/Ethnicity:	Gender:

Authorization

I understand that confidential information may be shared with the agencies/ entities/persons checked below, and that such agencies/entities/persons may share confidential information with us, for the purpose of providing program services.

☐ Dallas County Criminal Justice Dept.
☐ MetroCare
☐ North Texas Behavioral Health Authority
☐ ADAPT
☐ The Bridge
☐ Texas Dept of Health and Human Services
☐ U.S. Dept of Housing & Urban
☐ Dallas Housing Authority
☐ UT Southwestern Medical Center
☐ Nexus Recovery Center
☐ Parkland
☐ Social Security Administration
☐ Veteran's Administration
☐ Metro Dallas Homeless Alliance
☐ Emergency/Alternate Contact
☐ Homeless Management Information
☐ The Cottages at Hickory Crossing
☐ Efforts to Outcomes Data Base (ETO)
☐ IPS
☐ Homeward Bound

___ Family: ________________________________

___ Family: ________________________________

___ ________________________________

___ Friend: ______________________________

___ Other: ______________________________

___ Other/Physician: ______________________________

EMERGENCY/ALTERNATE CONTACT:
In the event of an emergency, or in the event that Criminal Justice Department is unable to contact me, I authorize Criminal Justice Department to contact the person below:

NAME: ______________________________

ADDRESS: ______________________________ APT NO. __________

Right to Revoke

I understand that I may revoke this authorization in writing at any time, except to the extent that the Department of Criminal Justice has relied on this authorization to use or disclose my information for the purposes solely disclosed above.
This authorization is valid for 1 year from the date it is signed.

Signature: ___________________________________ Date: ______________________________

Notice to Prohibit Re-disclosure of Confidential Information

I understand that my substance use disorder records are protected under federal law, including the federal regulations governing the confidentiality of substance use disorder patient records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 45 C.F.R. Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.