



Mi Animo Prevention Program

SLVCCMHC
8745 County Road 9 South, Alamosa, CO 81101 Ph. 719-589-3671

Authorization to Release Information

Students Name _____

Case Number _____

Social Security Number _____

I understand there are Colorado and Federal guidelines about my right to confidentiality (CFR 42 Part 2, CRS 25.1). Except in situations legally authorized, information about me cannot be released to persons or agencies not affiliated with SLVCCMHC without my written permission. I hereby authorize SLVCCMHC and its affiliated programs to **x** **Send** **X** **Receive** **x**

Exchange information with the following persons or agencies.

____ School (principal, asst. principal, truant officer, counselor, nurse, instructors) _____

____ Department of Social Services in _____ County

____ Police Department including Probation in _____ County

____ Mi Animo Prevention Program _____

____ Other (include name, address, phone/fax) _____

Particular information to be released includes: Place your initials next to the information you want to be released.

Routine Updates Student's progress (Report Cards)

Social history, background

Educational information

Other (specify) _____

I refuse to authorize the release of any of the above information.

The information to be released will be used for the following purposes:

Continuity of care Service planning

Multi-agency coordination Professional consultation

Obtaining basic needs or benefits for the client

Other (specify) _____

Does the Student have Medicaid: YES NO

If yes, what is the policy #: _____

This release will remain in effect for one year unless I revoke it. I understand I may revoke permission at any time unless treatment is court ordered. Copies of this form may be used in lieu of the original. Recipients of information through this release are not permitted to re-release it to anyone.

Students signature

Date

Parent/Guardian Signature

Witness signature

REVOCACTION: I revoke my consent for release of information, effective immediately.

Client/parent/guardian signature

Date



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PERMISSION FOR TRAVEL AND MEDICAL/MENTAL HEALTH CARE

For _____ Trip on _____
(Activity) (Date)

I hereby give my permission for staff members of the Mi Animo Prevention Mentoring Program and authorized mentors to provide transportation and activities to my child. This includes

- Picking the child up from school,
- Transporting him/her to various activities, and
- Returning him/her home at the conclusion of the activities.

I understand the mentoring program will make reasonable efforts to provide these services in a manner that is safe.

However, should my child be injured in any activity, I give my permission for the mentoring staff or mentor to consent to necessary medical care if I cannot be reached. I understand that reasonable efforts will be made to reach me to notify me when any such event occurs.

Child's Physician Phone Number

**My child has the following medical/mental health concerns like *asthma* or *allergies to ragweed*.
Please give details.** _____

My child needs the following medications for this trip: _____

Description of Activity: Students will be attending activities at _____

My signature below indicates that I have read and understand this form. I am the parent or legal guardian of my child, (print child's name) _____

Signature Parent/Guardian Date

Signature/Witness Date



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PERMISSION FORM - PARENT/ADULT CARE-GIVER

I. PERMISSION

I, _____, Parent/Adult Care Giver of _____, understand the nature of the Mi Animo-Prevention Program and want my child to participate in this program. I understand that this program will involve some family participation. I am willing to provide feedback to the program and work with my child on areas that I can. I understand that my child may be participating in various one-to-one activities with his/her mentor, and that my child will be under their supervision during those activities. Mi Animo is a prevention program only, and is completely voluntary.

_____ I agree _____ I do not agree for the Mi Animo to use my child's photograph or name for recognition & achievement purposes in school and media (not limited to newspaper, television and radio).

The following professionals will be working with the youth:

Prevention Specialists, Team Leader, Clinical Supervisor, Program Coordinator-- Mi Animo Prevention (& Mentoring) Staff.

For any questions or concerns please call: Tom Vigil, Amy Raya, Shoshanna Montoya, Shayna Congress, Nelda Curtiss, Priscilla Ortega, Rick Esquibel, Adam Vasquez or Clarissa Woodworth (Program Coordinator of Mi Animo), SLV Mental Health 8745 County Road 9 South, Alamosa, CO 81101 Telephone: (719) 589-3671

II. CONSENT FOR EVALUATION

I understand that a major focus of this project is to learn about what is working effectively therefore, I give permission and agree to participate in the evaluation component during the project and for staff of Mi Animo to contact us after we leave the program to obtain follow-up information for evaluation purposes. All information will be considered and kept confidential.

I have read the previous information and received verbal information and understand the information given, as well as the rights of my child as a participant. I understand that there are other rights and privileges of being a participant in this project, and that the Prevention Specialist will inform us of these should the need arise, or at my request. All participants may withdraw his or her participation at anytime during the program.

Youth

Date

Parent/Guardian/Care-Giver

Date