Ottawa County Section 1090 Probation Court

Referral & Screening

Date: Case #:

Offender Information

Name							
Address:							
Phone #:		Type:			Phone#:		Type:	None
DOB:				SSN#: 4 dig			
County Resident?							
Insurance:							
Referral Source:							
If Other, Relationship to Offender:							

Offense Information

Current Criminal Charge(s) Pending:				
Offense Date:			Currently in Jail?	
Attorney Name:			Attorney Phone:	

Mental Health Information

Current CMH Client?		If Known Case #:	
Has the offender ever been diagnosed with a mental illness or substance use disorder?			
If Yes, Diagnosis:			

Form Completed By:

Name: Date:

Comments:

Release of Information

I request information regarding:

Name: <<First>> <<Mid>> <<Last>> Case #: <<DistrictCase>>
DOB:

be exchanged:

To/From: **Community Mental Health of Ottawa County**

12265 James St.
Holland, MI 49424

From/To: **58th District Mental Health Court Staffing Team**

85 W. 8th St.
Holland, MI 49423

Include the following types of information:

X assessments
X medical/psychiatric reports
X alcohol/drug treatment
X verbal exchange of information
☐ other(s) *(Please specify)* ______

X treatment plan(s)
X discharge summary
X assessment tools

☐ ***For a specified period of treatment from*** to

For the purpose of:

☐ continuing care
X at my request
☐ Notifying my doctor of CMH services
☐ other(s): *(Please specify)* ______

X attorney/court request/probation officer
☐ insurance request

This release will expire:

____________________ OR ____________________
Date (one year maximum) Condition(s) (one year maximum)

Consumer	**Date**
Parent/Guardian	**Date**
Witness	**Date**

1. This release may be withdrawn in writing at any time, unless action has already been taken, based on this consent. Individuals participating in CMH services as a condition of the criminal justice system (drug court) may not revoke this consent prior to the final disposition of the legal matter mandating CMH services.
2. The information released with this authorization is confidential. If this information is given to a person/agency that is not required to meet State law (Michigan Mental Health Code) or Federal laws (HIPAA), that person/agency may choose to disclose the information to another party.
3. This authorization is based on the Michigan Mental Health Code (P.A. 258 of 1996, Section 748; P.A. 152 of 1996) and HIPAA (45 CFR parts 160 & 164 and 42 CFR 2.31).
4. The Medical Records Unit of CMHOC can be reached at 12265 James Street, Holland, MI 49424.
5. CMHOC treatment, payment or enrollment eligibility for services is not conditional upon whether this authorization is signed or not.