Cook County Department of Corrections
S.M.A.R.T. Department
2800 S. Sacramento
Chicago, Illinois 60608
Phone: 773-674-8113

AUTHORIZATION FOR RELEASE OF INFORMATION

Client Name: _____ DOB: _____ Date: _____

Client Returning Address: _____

Client Phone Number and/or Email Address: _____

I, _____, herby authorize disclosure of my confidential information and records identified herein in accordance with the provisions set forth below.

Name:_____Phone: _____

Address:_____Fax: _____

1. I hereby authorize the Cook County Sheriff's Office (CCSO) to provide and receive information, written or oral with the above facilities/persons for the purposes of reentry programming and/or continuum of care services**.**

2. The authorization provided for herein is given for _____

3. The extent, type, and nature of the information or records to be disclosed to effectuate the purpose or need described above **may** include:

Name
Date of Birth
Age & Gender
Service(s) Requested
Treatment Record
Diagnoses
Discharge Plan
CCHHS / MAT / Mental Health Records
Responses
Home Address
CCDoC Bed Assignment
Criminal Charge(s)
Next Court Date
Information relevant to detention in CCDOC
Phone Number and Email Address

4. The date, event or condition upon which this consent will expire without my written consent will be one year from the date of signature. The time allotted is of the duration, which is no longer than reasonably necessary to effectuate the purpose of the disclosure.
5. I understand that my refusal to sign this Authorization will not jeopardize my right to obtain present or future treatment.

I also understand that I have the right to inspect and copy the information to be disclosed. I further understand that I may revoke this authorization at any time. To do this, I must give written notice to the Cook County Sheriff's Office.

_____ Date: _____
Client Name

_____ Date: _____
Witness

NOTICE TO RECEIVING AGENCY/PERSONS: Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, you may not re-disclose any of this information unless the person who has consented to his/her disclosure specifically consents to re-disclosure. *A photocopy or facsimile of this form is as valid as the original.*