

**CONFIDENTIAL
PATIENT
INFORMATION: See
California Welfare and
Institutions Code
Section 5328.**

San Mateo County Law Enforcement
**Authorization for the Verbal Release of
Protected Health Information to
San Mateo County Law Enforcement**



Name of Client _____

Date of Birth _____ Mental Health # _____

As needed in a crisis/emergency situation, I hereby authorize San Mateo County Behavioral Health and Recovery Services to **verbally** discuss the following information with the jurisdiction and any other person/group designated below:

My general physical and mental health

My general status in the mental health program

My medications

My history of hospitalization

My history of drug and alcohol problems

My history of legal problems

Other _____

A) Law Enforcement Jurisdiction _____ Phone _____

Name of officers(s) _____

B) Field Crisis Consultation Committee

C) Other _____

This consent is limited to the release of **verbal** information only. Release of the specified **verbal** information to any person not specified is prohibited.

This authorization is valid for one-year from the date it is signed, unless consent is withdrawn in writing. A new authorization must be obtained for discussion with another jurisdiction.

Client signature _____ Date _____

Parent, guardian or legal
representative of client _____ Date _____

Signature of witness _____ Date _____

(California law prohibits recipients of your health information from disclosing such information except with your written authorization or as specifically required or permitted by law. If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, it may be redisclosed and may no longer be protected.)