CRISIS SUPPORT FOLLOW UP PROGRAM

Consent and Release of Information (ROI) Form

Instructions to Clinicians: Fax completed form to 510-420-2495 or secure email to hospitalfollowup@crisissupport.org

We want to stay connected with you to support you in your recovery, wellness, and to remain safe. Would it be okay for someone from **Crisis Support Services of Alameda County (CSS)** to call you and see how you are doing? CSS is the local 24/7 suicide prevention crisis lines. We have found that follow up contacts can help people feel supported and less isolated until they are feeling better (and/or linked to treatment services). Would it be okay for CSS to contact you within the next 48 hours?

1) Check Yes/No to consent: ☐ YES ☐ NO
2) Name of patient: _____ Client's DOB (Date of Birth): _____
3) Name and title of person completing this form: _____
4) Date of Referral: _____
5) Patient's Address: _____
6) Telephone #: _____ ☐ Home ☐ Cell ☐ Office ☐ Belongs to another person
7) Best day(s) and times to call: _____
8) If you are not able to answer when we call, is it okay for us to leave a voice message? ☐ Yes ☐ No
9) If someone else answers the phone when CSS calls, is it okay for CSS to leave a message with the person who answers the phone? ☐ Yes ☐ No ☐ No one else will answer

The information you provided here and any other information exchanged between you and CSS staff is strictly confidential. If CSS wishes to share your information with others that can assist in your care, they must obtain your permission to do so. The only exception to this rule is if your life (or the life of others) is in danger. In this case, CSS may only share information about you with individuals or agencies that they believe can assure your immediate safety.

When CSS staff calls you, they will provide emotional support and encouragement. CSS staff will ask you questions about how you are doing, how safe you are feeling at the time, and what actions you are taking to keep yourself safe. They will work closely with you to support your goals in recovery. Typically, up to 6 contacts are made through phone and up to 6 contacts by letter or postcard. We believe recovery is possible for everyone, and we are here to support you.

AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, consistent with California and Federal law concerning the privacy of such information.

NOTE: You may refuse to sign this authorization and you have a right to revoke this authorization at any time. This authorization expires twelve (12) months from the date signed below. You are also free to contact **CSS (1-800-309-2131) any time during or after the follow up program to obtain more assistance**.

I, _____, hereby consent to disclosure of information to **Crisis Support Services of Alameda County** regarding my eligibility for this service and to help to coordinate my care upon my discharge.

Signed: _____ Date: _____