

ADULT PROTECTION RECORDS REQUEST FORM

The release of APS records will only be considered when the requestor provides an appropriate court order, Pursuant to 26-3.1-1-2(7)(b), C.R.S. If the requestor fails to attach the appropriate court order authorizing release, the application will be automatically denied.

Date: _____

Name of Requestor: _____ Phone: _____

Client Name: _____

Birth date: _____

Information Requested: _____

Reason for Records Request: _____

**PLEASE INCLUDE A CLEAR COPY OF YOUR PHOTO IDENTIFICATION. THE PICTURE AND SIGNATURE MUST BE CLEAR.
REQUEST MAY TAKE 30 BUSINESS DAYS TO PROCESS.**

Confidentiality of records:

1. All Human Services' information is to be treated as confidential. Whenever there is a question about the legality of releasing confidential information, the person seeking the information shall be advised to obtain an appropriate Court Order for the production of information.
2. The person seeking access to records will sign an agreement to preserve the confidentiality of the records.
3. Pursuant to Volume 30.250, K of the Department of Human Services Staff Manual, any person who willfully violates confidentiality or who encourages the release of information related to the mistreatment and self neglect of an at-risk adult from CAPS or the APS case file, to persons not permitted access to such information, commits a Class 2 petty offense and shall be punished as provided in Section 26-3.1-102(7)(c), C.R.S.

Date: _____ Signature: _____

***THE CHARGE FOR RECORDS IS .25 CENT PER PAGE & IS TO BE PAID IN EXACT CASH
OR MONEY ORDER.***