

Blue Ridge Crisis Intervention Team

A Collaborative Mental Health and Criminal Justice Program
Serving the Counties of Augusta & Highland and the Cities of Staunton & Waynesboro.



Consumer Alert Form

Alert Date: _____ (Duration may not exceed 96 hours) Alert Valid Until: _____

Consumer Name: _____ DOB: _____
Last, First Middle MM/DD/YYYY

Address: _____
Street City State Zip

Last known location: _____
Business/Residential location Street City

Physical Description: _____
Sex Race Height Weight Hair Color Eye Color

Present Situation/Concerns: _____

By signing this form I attest that the above information meets the conditions noted below.

Signature Date

Print Name and Credentials

This form is intended to alert law enforcement officers, who may have contact with the above consumer, to review the possible need for an ECO pursuant § 37.2-808 during any contacts with this consumer while this alert is in effect. It has been created in accordance with VA Statute § 37.2-804.2; Authorizing the disclosure of Health Records “to a law-enforcement officer [including] any information that is necessary and appropriate for the performance of his duties pursuant to this chapter”. This disclosure “shall be limited to information necessary to protect the officer, the person, or the public from physical injury or to address the health care needs of the person. Information disclosed to a law-enforcement officer shall not be used for any other purpose, disclosed to others, or retained.”

Distribution of completed forms to be limited to law enforcement agencies within the Blue Ridge Crisis Intervention Team.