## OFFICE OF THE DISTRICT ATTORNEY

JOHN KELLNER, DISTRICT ATTORNEY

 $18^{\text{th}}$  Judicial District, Juvenile Diversion Counseling Program Serving Arapahoe, Douglas, Elbert & Lincoln Counties



## CONSENT FOR RELEASE OF DIVERSION RECORDS INCLUDING CONFIDENTIAL INFORMATION

I authorize the disclosure of diversion program records including confidential information by the Juvenile Diversion Counseling Program of the District Attorney's Office of the Eighteenth Judicial District to the parties identified below.

I am consenting to the release of my Diversion Program records, which includes my program contract and documents related to the method of communication, my disclosure statement, signed releases of information, restitution information if applicable, my treatment plan, my clinical progress summary, my discharge summary, and Restorative Justice documents, if applicable. I understand that this consent may include disclosure of ALCOHOL AND DRUG ABUSE records, which are protected by virtue of the provisions of the Federal Regulations 42 C.F.R. Part 2.

Date:	То:
Client:	Phone:
DOB:	Email:
The dates of service include: All dates of program participation	
For the purpose of:	
Exceptions:	
I understand the designated information above may be sent by mail or delivery service, transmitted by fax, electronic mail or other electronic file transfer mechanism unless otherwise restricted by me.	
I hereby release all parties stated herewith from any liability resulting from the release of this information. I agree that a photocopy or fax of this release shall be as valid as the original.  I understand that I have the right to refuse to sign this release and to request restrictions on uses and disclosures of protected health information. The Juvenile Diversion Counseling Program is not required to agree to this request, but if we do agree, the restriction is binding and will be honored.	
Client (required if over 12 years of age)	Date
Parent/Guardian	 Date