These are example “Release of Information.” This document is intended for initial guidance only and the final document should be approved by the city and county attorney to ensure the document legally and practically meets the needs of your program.

**Sample: Authorization for Release of Information**

**I authorize** (Agency/Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **to release/obtain from** (circle each that applies) **to [Your Diversion Program], information as described below for:**

**(Please Print Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Information to be disclosed:

|  |  |  |
| --- | --- | --- |
| \_\_\_\_ Discharge Summary | \_\_\_\_ Program Notes | \_\_\_\_ Psychiatric History & Treatment |
| \_\_\_\_ Psychological Evaluation & Treatment | \_\_\_\_ Drug/Alcohol Information | |
| \_\_\_\_ School Attendance & Performance Records | \_\_\_\_ Case Planning |  |
| \_\_\_\_ Legal Involvement | \_\_\_\_ Court Proceedings | \_\_\_\_ Psychological History & Treatment |
| \_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

1. Purpose for which information is to be used:

|  |  |  |
| --- | --- | --- |
| \_\_\_\_ Treatment | \_\_\_\_ Case Planning | \_\_\_\_ Court Proceeding |
| \_\_\_\_ Insurance | \_\_\_\_ Follow-up | \_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. If this authorization applies to any of the following: this authorization will last no longer than reasonably necessary to serve the purpose for which it is given, or, as limited in paragraph 5 hereof, whichever is sooner. Please designate if the records apply to any of the following:

|  |  |
| --- | --- |
| \_\_\_\_ Chemical Dependency (Alcohol/Drug) | \_\_\_\_ Mental Health Records |

1. I understand that I may revoke this authorization at any time by submitting a written request to [Your Diversion Program], however to the extent that action has already been taken, a revocation will not be possible. Without my permission to revoke this authorization and except as otherwise provided herein, it will automatically expire 1 (one) year from the date of signature, or upon satisfaction of the need for disclosure, or as specified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. I understand and agree that [Your Diversion Program] cannot control the re-disclosure by the recipient of this information. However, alcohol, chemical and drug abuse records which are disclosed will be accompanied by a written statement as required by law prohibiting further disclosure except as allowed by law.
3. I hereby release [Your Diversion Program] from all legal liability that might arise from their release of the information or the re-disclosure of the information by the recipient. I consider a photocopy of this authorization to be as valid as the original.
4. I understand that I may upon written request inspect the information to be disclosed.

Authorization must be signed by the client or legal guardian of the client, or other authorized representative. If client is unable to give authorization or physically sign, state reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Client Signature) Date Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Name (please print) Parent/Guardian (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diversion Coordinator Date

**Sample 2- Release of Information Form**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Youth Date of Birth Student ID #

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent/Guardian’s Name Relationship to Youth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Address

**I, as the Parent or Legal Guardian of the above named youth, freely and voluntarily hereby grant my consent to the offices, agencies or institutions listed below, to release any and all information requested by the Washington County Diversion Program, and hereby grant any authorized employees of the listed offices, agencies or institutions, to view and use any and all of the released information, for any authorized and lawful purpose, regarding the above-named youth.**

The above consent is applicable the following offices, agencies or institutions within the State of Nebraska:

* School Districts, including but not limited to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prosecutors, including but not limited to: (Deputy) County Attorneys, (Assistant) Attorneys General, (Assistant) U.S. Attorneys
* Diversion Services
* Nebraska Crime Commission
* Law Enforcement Agencies and Fire Department/Rescue Squad Personnel
* Nebraska Health and Human Services/Office of Juvenile Services
* State Probation Offices, Federal Probation Offices
* Defense Attorneys and/or Guardians Ad-Litem retained on behalf of or appointed to represent the Youth
* County Courts, District Courts, Separate Juvenile Courts, the Nebraska Court of Appeals, the Supreme Court of Nebraska, U.S. District Courts, U.S. Circuit Courts of Appeal, and the Supreme Court of the United States

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Guardian Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Youth Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Diversion Coordinator Date**

**[Your County] Diversion Program**

**This Release of Information is valid until written notice of revocation is received by any/all appropriate agencies. Revised 09/02/2015**