

DOCKET # _____

**Edmonton Diversion Program Client
Consent to Participate and Disclosure of Information**

* I, _____ consent to disclosure of information about me so that:

- My health registration assessment, diagnostic and treatment information can be shared with partner agencies to get me the services I need.
- Information about my relevant criminal history can be obtained on me to date and over the next 18 months.
- The Edmonton Diversion Program will keep my treatment information separate from my justice information, and will not share my arrest history
- My name will not be used in any reports
- The information will be kept strictly confidential and secure in locked cabinets and secure databases.

I hereby waive my s. 11(b) Charter right to be tried within a reasonable time for the period required to consider this application and to complete the program.

I agree to participate in the Edmonton Diversion Program. Yes _____ No _____

* _____ *
Participant's Name (PRINT) _____ Date _____ Participant's Signature _____

Diversion Staff Name/Lawyer or Referring Person (Print) _____ Date _____ Signature _____

If you have any questions regarding the Edmonton Diversion Program, you may call (780) 342-6455. A copy of this consent form must be given to the participant. The Completed referral should be emailed to Jackie Fairweather at jackie.fairweather@gov.ab.ca

EDMONTON DIVERSION PROGRAM - REFERRAL FORM

* NAME: _____
(Last) (First) (Middle)

* DATE OF BIRTH: _____ Gender: _____
(YYYY/MM/DD)

* ADDRESS: _____
(Apt/House # and Street Name) (City and Province, Postal Code) TELEPHONE: (_____) _____