

**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 (Print)**

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Diversion Staff Signature**

If you have any questions regarding the Edmonton Diversion Program, you may call (780) 342-7997.

A copy of this consent form must be given to the participant

**EDMONTON DIVERSION PROGRAM – REFERRAL FORM**

**\*** **NAME:** \_\_\_\_\_  
(Last) (First) (Middle)

**DATE OF BIRTH:** \_\_\_\_\_ **Male:** \_\_\_\_\_ **Female:** \_\_\_\_\_  
(YYYY/MM/DD)

**ADDRESS:** \_\_\_\_\_  
(Apt/House # and Street Name)

\_\_\_\_\_ **TELEPHONE:** ( ) \_\_\_\_\_  
(City and Province)