IDAHO COUNTY COURT SERVICES
RELEASE OF INFORMATION — JUVENILE PROBATION

320 W. Main St. #28, Grangeville, ID 83530 • Phone: 208-983-0339 • Fax: 208-983-0529

Juvenile's Name: _____ **Date of Birth:** _____

AUTHORIZATION

I, _____, the parent/legal guardian of the above-named juvenile (or the juvenile, if 18 years of age or older), authorize any provider, counselor, law enforcement agency, school, school district, or person requested by Idaho County Court Services to release the following information from the record(s) in their custody, including but not limited to:

- Contacts – made by telephone, mail, or in person
- Treatment plans
- Assessments, diagnostic evaluations, psychiatric and psychological evaluations, including recommendations for treatment or programming
- Summary discharges and/or completion records
- Progress reports and/or notes, including attendance records
- Compliance or non-compliance with program/plan records
- Drug or alcohol testing records, including but not limited to attendance and results (records held by a substance use disorder treatment program require the separate 42 C.F.R. Part 2 consent form)
- Medical records, as specified in the HIPAA authorization section below
- Incident reports
- Criminal background information or reports
- Education records, as specified in the FERPA section below

EDUCATION RECORDS (FERPA CONSENT – 34 C.F.R. § 99.30)

Pursuant to the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g and 34 C.F.R. Part 99, I consent to the disclosure of personally identifiable information from the juvenile's education records as described below.

School(s)/District(s) authorized to release records: _____

Records that may be disclosed (initial each category that applies):

- _____ Attendance, enrollment status, and class schedule
- _____ Grades, transcripts, report cards, and academic progress reports
- _____ Disciplinary records, suspension/expulsion records, and school incident reports
- _____ School counselor, behavioral, or intervention records
- _____ Special education records, including IEP or Section 504 plan documents
- _____ Other (specify): _____

Purpose of disclosure: case planning and monitoring compliance with the terms and conditions of probation supervision.

Party to whom disclosure may be made: Idaho County Court Services, 320 W. Main St. #28, Grangeville, ID 83530, and its probation officers assigned to the juvenile's case.

I understand that: (1) upon my request, the school will provide me with a copy of the records disclosed under this consent; (2) Idaho County Court Services will not re-disclose education records to any other party without prior written consent, except as permitted by law; and (3) if the juvenile turns 18 years of age or enrolls in a postsecondary institution, FERPA rights transfer to the student and the juvenile will be required to execute new releases for continued access to education records.

MEDICAL RECORDS (HIPAA AUTHORIZATION – 45 C.F.R. § 164.508)

I authorize any health care provider, hospital, clinic, physician, mental or behavioral health professional, or other covered entity that has evaluated or treated the juvenile (the class of persons authorized to disclose) to release the following information to Idaho County Court Services:

Information to be disclosed: medical and behavioral health records relevant to probation supervision, including diagnoses, treatment plans, evaluations, medication information, appointment attendance, and progress reports.

This authorization does NOT cover: (1) psychotherapy notes, which require a separate authorization under 45 C.F.R. § 164.508(a)(2); or (2) records of a substance use disorder treatment program protected by 42 C.F.R. Part 2, which require the separate Part 2 consent form.

Purpose: case planning and monitoring compliance with the terms and conditions of probation supervision.

Expiration: this authorization expires upon the juvenile's release from the authority of Idaho County Court Services. If the juvenile reaches 18 years of age during supervision, the parent's authority to authorize release of medical records ends and the juvenile is required to execute a new authorization at that time.

I understand that: (1) I may revoke this authorization at any time by delivering written notice to Idaho County Court Services at the address above, except to the extent the provider has already acted in reliance on it; (2) a provider may not condition treatment, payment, enrollment, or eligibility for benefits on whether I sign this authorization; and (3) information disclosed under this authorization may be subject to redisclosure by the recipient and may no longer be protected by the HIPAA Privacy Rule, although Idaho County Court Services will maintain it as a confidential record of juvenile court proceedings.

DURATION AND REVOCATION

This consent expires upon the juvenile's release from the authority of Idaho County Court Services, so that juveniles serving extended periods of supervision are not required to repeatedly execute new releases. If the juvenile reaches 18 years of age during supervision, the juvenile is required to execute new releases at that time.

I understand that I may revoke this consent at any time by delivering written notice to Idaho County Court Services, except that revocation does not apply to information already released in reliance on this consent. Records of substance use disorder treatment programs are governed exclusively by the separate 42 C.F.R. Part 2 consent form and its revocation terms.

This information is being released for the purpose of case planning and monitoring compliance with the terms and conditions of probation supervision. I agree that the party disclosing information, Idaho County, and Idaho County Court Services are not liable for disclosures made in good faith reliance on this consent.

SIGNATURES

FOR JUVENILES UNDER 18: the signature of a parent or legal guardian is REQUIRED and constitutes the written consent for release of education records under FERPA and the authorization for release of medical records under HIPAA. THIS CONSENT REQUIRES THAT A PROBATION OFFICER WITNESS THE SIGNATURE(S).

Parent/Guardian Printed Name: _____ **Relationship:** _____

Parent/Guardian Signature: _____ **Date:** _____

Address: _____

Juvenile's Printed Name: _____ **Date of Birth:** _____

Juvenile's Signature: _____ **Date:** _____

(If the juvenile is 18 years of age or older, the juvenile's signature alone constitutes consent. If the juvenile is emancipated, the emancipated minor's signature alone is required.)

Witness (Probation Officer) Printed Name: _____ **Date:** _____

Witness Signature: _____