

(Place Template on SAA Letterhead)

Service Area Agency: \_\_\_\_\_

**Consent to Consult**

I, \_\_\_\_\_, on the date of \_\_\_\_\_, give permission for a representative from Service Area Agency (SAA), \_\_\_\_\_, to participate as a behavioral health treatment consultant with the Arizona Department of Juvenile Corrections (ADJC) to discuss coordination of care and service needs for my child, \_\_\_\_\_, prior to my child's release from, \_\_\_\_\_, an ADJC facility.

I consent to allow ADJC staff to release information regarding my child, \_\_\_\_\_, and for (SAA) \_\_\_\_\_ to receive information from, release information, and offer recommendations to ADJC and other members of my child's treatment team, for post-release services, placements, and supports.

This agreement does not constitute an enrollment in behavioral health services or an agreement to any services that may be recommended by the SAA consultant.

This Consent expires on: \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client or Legally Authorized Representative/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Witness