

Change of Venue

Instructions to Identify Next Hearing in Receiving County

This process was created to facilitate ***expedited*** transfer of cases between counties and to ensure that no family member leaves the sending county's court without information on the next hearing in the receiving county.

1. County sending the case fills out top portion of the Change of Venue Worksheet.
2. County sending the case sends the Change of Venue Worksheet to the receiving county's contact (see below).
3. County receiving the case fills out bottom portion of form and sends it back to the sending county.
4. Form will be emailed with High Priority (!) notification and the subject line to read: **Transfer Information Requested**

County	Contact	Phone	Email
Apache	Danielle Shreeve Judicial Assistant	(928) 337-7555	dshreeve@courts.az.gov
Cochise	Stephanie Gregory Judicial Assistant	(520) 803-8520	sgregory@courts.az.gov
Coconino	Pat Nebitsi Judicial Assistant	(928) 226-5443	pnebitsi@courts.az.gov
Gila	Jon Bearup Court Administration	(928) 425-3231	jbearup@courts.az.gov
Graham	Brandie Lee Judicial Assistant	(928) 792-5103	brandielee@graham.az.gov
Greenlee	Cristina O'Coynne Court Administration	(928) 865-4242	cocoynne@courts.az.gov
La Paz	Juana Flores Judicial Assistant	(928) 669-6134	jflores@courts.az.gov
Maricopa	Karen Painter Court Administration	(602) 506-6478	painterk@superiorcourt.maricopa.gov
Mohave	Cassandra Scott Judicial Assistant	(928) 758-0706	cscott@courts.az.gov
Navajo	Glenda Walters Judicial Assistant	(928) 524-4246	groszak@courts.az.gov
Pima	Mona Ramirez Judicial Assistant	(520) 724-4485	ramona.ramirez@pcjcc.pima.gov
Pinal	Kathy Sherwood Judicial Assistant	(520) 866-5409	ksherwood@courts.az.gov
Santa Cruz	Lupita Ramos Judicial Assistant	(520) 375-7720	lramos@courts.az.gov
Yavapai	Becky Hamilton Judicial Assistant	(928) 771-3305	rehamilton@courts.az.gov
Yuma	Yvonne Graf Dependency Clerk	(928) 314-1806	ygraf@courts.az.gov

If there is a change in the county's contact person, please contact Shantelle Bagnall at sbagnall@courts.az.gov.

Change of Venue

Worksheet to Identify Next Hearing in Receiving County

(County sending the case and requesting information fills out top portion of this form)

Today's Date _____ Need information by _____ For Judge _____

Requesting County _____ When will the transfer occur? _____

Requestor Name _____ Requestor Email _____

Child's Name _____ Child's Address _____

Gender _____ Date of Birth _____ JD# _____

Removal Date _____

Mother Name _____ Father(s) Name _____

Mother Phone _____ Father(s) Phone _____

Mother Email _____ Father(s) Email _____

Mother Address _____ Father(s) Address _____

Next Hearing Type Needed _____

(Adjudication, Review, Permanency, etc)

(County receiving the case fills out bottom portion of this form)

Hearing Date _____ Time _____ Judge/Division _____

Court Address _____

Child Attorney _____ Phone _____

Mother Attorney _____ Phone _____

Father Attorney _____ Phone _____

Contact for Receiving County _____

Today's Date _____ Phone _____

Email _____

Check here if there is a page 2 with additional children and/or fathers

Additional Children/Fathers

Child 2 Name _____ D/O/B _____ Gender _____

Child 2 Address _____

Father 2 Name _____ Phone _____

Email _____ Address _____

Father 2 Attorney _____ Phone _____

Child 3 Name _____ D/O/B _____ Gender _____

Child 3 Address _____

Father 3 Name _____ Phone _____

Email _____ Address _____

Father 3 Attorney _____ Phone _____

Child 4 Name _____ D/O/B _____ Gender _____

Child 4 Address _____

Father 4 Name _____ Phone _____

Email _____ Address _____

Father 4 Attorney _____ Phone _____

Child 5 Name _____ D/O/B _____ Gender _____

Child 5 Address _____

Father 5 Name _____ Phone _____

Email _____ Address _____

Father 5 Attorney _____ Phone _____

Child 6 Name _____ D/O/B _____ Gender _____

Child 6 Address _____

Father 6 Name _____ Phone _____

Email _____ Address _____

Father 6 Attorney _____ Phone _____

MEMORANDUM

To: Hon. Kathleen Quigley
From: Hon. Joan Wagener
Subject: Universal Release of Information (ROI)
Date: January 15, 2019

The statewide Task Force on Crossover Youth Data and Information Sharing met over several months to discuss, brainstorm and make recommendations about the complex nature of crossover cases and how data and information sharing could be improved. The Task Force compiled its recommendations in a report entitled “Opening the Door.” Representatives from probation and the Arizona Department of Child Safety (ADCS) shared experiences where it was difficult to obtain behavioral health records regarding a youth and family in a timely fashion. Sometimes the complication stemmed from the use of an incorrect ROI. One recommendation of the task force was the use of a standard ROI by behavioral health agencies to facilitate the full and expeditious disclosure of information about the services provided to the youth and family as well as the family’s level of participation in those services. The disclosure of this important information to probation officers (PO) in an expeditious manner could be instructive on the PO’s recommendation for consequences and services for court involved youth.

When a youth is involved in the juvenile justice system but not in the custody of the ADCS, the PO sometimes has difficulty obtaining a signed ROI from the family. At times the parent’s whereabouts are unknown and at others a parent or guardian may refuse to sign the ROI. The Task Force recommended that a policy or statute be created to cover this situation so that the PO can obtain the needed information from behavioral health without the formal involvement of the ADCS (i.e. filing a Dependency Petition).

A workgroup was convened by the COJC as a result of the recommendations made by the Task Force. The workgroup consisted of representatives from probation, the ADCS, Arizona Complete Care (formerly Cenpatico), AOC, the Superior Court, including: Paula Coe, Maricopa County Juvenile Probation; Sarah Murillo, Maricopa County Juvenile Probation; Steven Hintze, the ADCS; Susan Corsey, Arizona Complete Care; Nina Preston, AOC Legal Services; Regina Rodriguez, AOC Juvenile Justice Services Division; Robert Shelley, AOC Dependent Children’s Services Division; and Hon. Joan Wagener, Pima County Juvenile Court Center. The workgroup developed two documents: a standard ROI and a court order regarding disclosure of protected health information. Probation

representatives of the workgroup indicated that probation has a mechanism to bring issues of parental absence and unavailability to sign a ROI or refusal to sign the ROI to the court's attention but thought it would be helpful to have a form of order available for judicial officers to use. Whether a hearing is required before signing the order for disclosure would be up to individual judicial officers on a case-by-case basis.

The workgroup is requesting the endorsement and support of the COJC for the standard ROI and court order for use with court involved youth as behavioral health is approached about the widespread use of the standard ROI is proposed to them.

Thank you.

ARIZONA SUPERIOR COURT, <CHOOSE COUNTY NAME> COUNTY

HEARING OFFICER: HON. <CHOOSE COUNTY NAME>

COURT REPORTER:

CASE NO.

IN THE MATTER OF:

DATE:

ORDER

RE: DISCLOSURE OF PROTECTED HEALTH INFORMATION

The Court has been advised by the Probation Officer that attempts to obtain a release of information from the parent/guardian have been made over a reasonable period of time, but the parent/guardian is unavailable to sign or has refused to sign the release of information.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. § 164.512(e)(1), permits healthcare providers to disclose protected health information in the course of any judicial proceeding in response to an order of a court, provided that they disclose only the authorized information.

The Court finds good cause exists to order the disclosure of the information as other means of obtaining the information are unavailable and the public interest and need for disclosure of the information outweigh potential injury to the patient, patient-provider relationship or treatment services.

IT IS ORDERED in accordance with HIPAA, 42 C.F.R. Part 2 and state law:

_____ (custodian of records) shall release information regarding _____ (minor) to the _____ (agency/requestor) including:

- Treatment attendance & participation Cooperation with treatment program Incident reports
- Diagnosis Prognosis Service plan Discharge & release planning Treatment plan
- Progress notes Assessments/evaluations Title 36/COT (specify): Pending Historical
- Medications Test/lab results Other (specify): _____

- _____ Alcohol/Drug Abuse Records
- _____ Communicable Disease Info (including HIV/AIDS)
- _____ Genetic Testing and Related Info
- _____ Mental Health Records except psychotherapy notes

JUDGE

cc: Probation:
County Attorney:
Counsel for the minor:
DCS:

Authorization to Release Protected Health Information (PHI)

Part 1: Patient's Information

Name:	Date of Birth:
ID Number/SSN:	Phone Number:
Address:	

Part 2: Permission to Share Patient's Protected Health Information (PHI)

I permit the following person or entity to share the protected health information (PHI):

Name: _____

Part 3: Permission to Receive Patient's Protected Health Information (PHI)

I permit the following person or entity to receive the protected health information (PHI) for probation and court purposes:

Name: _____	Phone Number: _____
Address: _____	

Part 4: Description of Patient's Protected Health Information (PHI) to Be Shared

Check the applicable box(es) to permit any of the following information to be shared:

Treatment attendance and participation Cooperation with treatment program Incident reports
 Diagnosis Prognosis Service plan Discharge and release planning Treatment plan
 Progress notes Assessments/evaluations Title 36/COT (specify): Pending Historical
 Medications Test/lab results Other (specify): _____

Initial the applicable line(s) to permit any of the following specific types of information to be shared:

_____ Alcohol/Drug Abuse Records
_____ Communicable Disease Info (including HIV/AIDS)
_____ Genetic Testing and Related Info
_____ Mental Health Records except psychotherapy notes (psychotherapy notes require separate authorization form)

Part 5: The Purpose for Sharing Patient's Protected Health Information (PHI)

Check one of the following:

At the request of patient or authorized representative
 To provide information on attendance and progress in treatment
 Other (specify): _____

Part 6: Effective Period of Authorization to Share Patient's Protected Health Information (PHI)

This authorization to share protected health information (PHI) will expire twelve (12) months from the date signed unless you complete one of the following:

My permission to share this protected health information (PHI) expires on the following date:
_____ / _____ / _____ (Expiration date must be within 12 months of date signed)

My permission to share this protected health information (PHI) expires when the following event occurs:

Part 7: Patient's Rights

In accordance with Arizona state law, the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and 42 CFR Part 2, I understand the following:

Voluntary Authorization: Signing this authorization is voluntary. I do not have to agree to share my protected health information (PHI). My treatment, payment, enrollment in a health plan, or eligibility for benefits will not depend on whether I sign this authorization.

Right to Revoke Authorization: I have the right to cancel this authorization at any time but must cancel **in writing**. I understand that information shared prior to cancellation cannot be revoked. If I decide to cancel this authorization, I understand that I must send written notice of cancellation to the person or entity named in Part 2 above.

Redisclosure: I understand that information I agree to share with the recipient specified above may no longer be protected by state or federal law and could be shared by the recipient, except that: If I permit the release of information related to alcohol/drug abuse, communicable diseases (including HIV/AIDS), genetic testing (and information derived from it), medical records, or payment records, the recipient cannot share the information without my permission, unless permitted to do so under federal or state law.

Part 8: Signature of Patient or Authorized Representative

I have read this form and permit the protected health information (PHI) described above to be shared.

Signature

Date

Check one of the following:

I am the patient.

I, _____, have the legal right to act for the patient. I am the patient's:
(Print your name)

Parent Guardian Other (specify): _____