

## Sample Release—Format 1

### Release and /or Exchange of Information Authorization

*Important elements for a release form include the following: Summary of agency confidentiality policy, Circumstances when information is released without permission, Process for responding to court orders to release information, Purpose of the release, Name of client/victim/survivor, Information to be released, Person and/or Agency to whom information is to be released, Reasonably time-limited length for the consent to be valid, Signature of client/victim/survivor, Signature of staff person, Date of signature, Process for canceling and/or changing the release.*

*For Example:*

#### **Confidentiality Statement:**

The SDVA provides confidential crisis intervention, advocacy, and support services to adults, youth, and children who have experienced sexual and/or domestic violence. SDVA will not disclose any personally identifying information or individual information (name, date of birth, social security number, address, phone number, email, etc.) collected in connection with services requested, used, or denied without the client's permission. Exceptions may include:

- 1) When a person is a danger to self or others;
- 2) When a person discusses the abuse or suspected abuse of a child, elderly person, or person with a disability;
- 3) When the agency is court ordered to release information.

If court ordered to release information and/or records, SDVA will use the following guidelines to protect the safety and privacy of individuals receiving services:

- Notify the client(s) affected by the disclosure
- Discuss possible consequences of the release
- Discuss client's wishes regarding authorizing release
- Seek legal council regarding legal options, such as quashing the subpoena, limited review of records, etc.)

If/when a persons wants to give permission to have information communicated (verbally, in writing, or through other means) with another individual or agency the following information must be completed and signed by the person receiving services and/or the appropriate guardian (if the information is about a child or other person under a legal guardian's care receiving services).

**Sample Release—Format 1**

I, \_\_\_\_\_ (client/victim/survivor), give my consent to give my confidential information to \_\_\_\_\_ (Name of Individual) at \_\_\_\_\_ (Name of Agency/Organization) for the following purpose(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

This consent is valid for \_\_\_\_\_ (actual date or time frame that is not to exceed 6 months). I understand that I may cancel and/or make changes to this release at any time. If I want to cancel and/or make changes, I must tell \_\_\_\_\_ (SDVA) as soon as possible in writing and/or sign the cancellation section below.

I have been advised about and understand the following:

- 1) The specific information that is going to be released;
- 2) The risks and benefits of releasing the confidential information;
- 3) That the SDVA and I may not be able to control what happens to the information once it has been released to \_\_\_\_\_, and that the agency to whom the information is released may be required by law or practice to share it with others;
- 4) That a limited release of information can potentially open up access to others to all of my confidential information held by SDVA; and
- 5) The method by which the information will be released (e.g., phone, copied documents sent by mail, e-mail, etc.) and the risks of such a method of communication.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Person Authorizing the Release)

Advocate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----

**Revoke/Cancel Consent**

I revoke any release of information consent given prior to this date.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Person Authorizing the Release)

Advocate Signature: \_\_\_\_\_ Date: \_\_\_\_\_