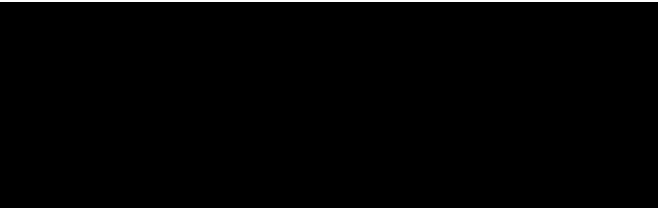


***CONFIDENTIALITY AND RELEASE OF
INFORMATION EXAMPLE***



READ FIRST: Before you decide whether or not to let [redacted] share some of your confidential information with another agency or person, an advocate will discuss with you all alternatives and any potential risks and benefits that could result from sharing your confidential information. If you decide you want [redacted] to release some of your confidential information, you can use this form to choose what is shared, how it's shared, with whom, and for how long.

I understand that [redacted] has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow [redacted] to release some of my personal information to certain individuals or agencies.

I, _____, authorize [redacted] to share the following specific information with:
name

Who I want info. shared with:	<i>Attorneys who have contracted with [redacted] to provide representation at my Permanent Protection Order hearing as part of the Lawyers for Victims Program. (A list of attorneys is available upon request).</i>
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The information may be shared: in person by phone by fax by mail by e-mail
 I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.

What info. about me will be shared:	<i>Safe contact information for myself, Respondent's information, a copy of my Temporary Protection Order Petition and Order, the date of Permanent Protection Order hearing, copies of any documents I provide to assist with my case.</i>
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Please Note: there is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by [redacted]

I understand:

- _____ That I do not have to sign a release form. I do not have to allow [redacted] to share my information. Signing a release form is completely voluntary. That this release is limited to what I write above. If I would like [redacted] to release information about me in the future, I will need to sign another written, time-limited release.

- _____ That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from [redacted].

- _____ That [redacted] and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

This release expires on _____ .
Date Time

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.

Signed: _____ Date: _____ Witness: _____

Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release)	
I confirm that this release is still valid, and I would like to extend the release until _____	
	New Date New Time
Signed: _____	Date: _____ Witness: _____