**Consent for Release of Information**

**Advocate**

I understand the Legal Assistance to Victims (LAV) Project at the Kansas Coalition Against Sexual and Domestic Violence (KCSDV) has an obligation to keep my personal information, identifying information, and my records confidential. I understand my local program also has an obligation to keep my personal information, identifying information, and my records confidential.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize my advocate, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to speak to Kansas Coalition Against Sexual and Domestic Violence LAV Staff to communicate with each other about my LAV Application and/or additional information I have added below. I understand that KCSDV may also share identifying information with attorneys in their efforts to secure representation for me.

|  |  |
| --- | --- |
| **Contact Info for My Advocate:** | Advocate Name:Local Program:Local Program Phone Number:Local Program Fax Number:  |
| **The information may be shared:** | [ ]  by phone [ ]  by fax [ ]  by mail [ ]  by e-mail\**\* I understand that electronic mail is not confidential and can be intercepted and read by other people.* |
|  **What additional info about me will be shared:** | [ ]  I agree to allow LAV staff at KCSDV to fax a copy of my LAV acceptance or denial letter to my advocate. [ ]  I agree to allow LAV staff at KCSDV discuss my case with my advocate, if my case is accepted. [ ]  I agree to allow LAV staff at KCSDV discuss my case with attorneys solely for the purpose of helping to find me representation. [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

I understand:

* That I do not have to sign a release form. I do not have to allow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to share my information. Signing a release form is completely voluntary.
* 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 KCSDV.
* The risks and benefits of releasing the confidential information to the above organization or person.
* That a limited release of information can potentially open up access by others to all of my confidential information held by KCSDV.
* The type and extent of information that I want to be released (for example: written records, notes about what I have said) and how that information will be shared (by phone, fax, mail, etc.). I understand that e-mail is not confidential.
* That this release is limited to what I write above. If I would like KCSDV to release information about me in the future, I will need to sign another written, time-limited release.
* That KCSDV and I may not be able to control what happens to my information once it has been released and that the agency or person getting my information may be required by law or practice to share it with others.

This release is valid for a period of: \_\_\_\_\_\_\_\_\_\_ days.

If additional time is necessary to meet the purpose of this release, I will need to sign a new release form or choose to extend this same release form by signing the extension of release period section below.

I further understand that this information cannot be redisclosed without my authorization. I also understand that this release is valid when I sign it, and I may withdraw consent either orally or in writing at any time.

Signed,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Time Client’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Time Witness’s Signature

**Extension of Release Period**

I understand that I am extending the release period by \_\_\_\_\_\_\_\_\_\_\_ days. This extension applies to the same information authorized under the original release. I understand that this extension of release is valid when I sign it, and I may withdraw consent either orally or in writing at any time.

Signed,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Time Client’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Time Witness’s Signature

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**Extension of Release Period**

I understand that I am extending the release period by \_\_\_\_\_\_\_\_\_\_\_ days. This extension applies to the same information authorized under the original release. I understand that this extension of release is valid when I sign it, and I may withdraw consent either orally or in writing at any time.

Signed,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Time Client’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Time Witness’s Signature