



Family Justice Center Confidentiality and Release of Information Agreement

I understand that the Family Justice Center is made up of many agencies that work together. I understand that my safety is a top priority of the Family Justice Center and all its partner agencies.

I understand that it is beneficial for staff from these service agencies to share some limited confidential information to more effectively coordinate services received by me and/or my children.

I understand that signing this form is voluntary and that I may refuse to sign it and will not be denied services if I do so.

I, _____ (name and date of birth), hereby authorize and request the release and exchange of certain confidential information between the Family Justice Center and its partner agencies. A list of the Family Justice Center partner agencies and the services they provide are listed on the back of this form and those services will be explained to me by the FJC Intake Specialist.

Purpose of Release

This authorization is made so that the Family Justice Center and its partner agencies can more effectively coordinate services received by me and/or my children. I understand that the Family Justice Center is also required to provide general, non-identifiable information about the individuals it serves to certain public and non-public funding sources. Non-identifying, aggregate information from this Center is also provided to the National Family Justice Center Alliance to assist in evaluating the effectiveness of services received by clients of all Family Justice Centers in the United States.

Extent of Release

This authorization and release applies only to the following information:

- Identifying or demographic information about me and/or my children and/or my companion(s) to the Family Justice Center, including name, date of birth, and ethnicity;
- Contact information about me and/or my children, including residence address, telephone number, and email address; and
- Information about the services I and/or my children are receiving, including safety planning, risk assessment, legal, medical, counseling, childcare, public benefits, and law enforcement services.

By signing this form, I am authorizing the above information to be available to the Family Justice Center staff and specific partner agencies that I have selected and initialed for on the back of this form.

Notice of Confidentiality Rights

I understand that the information I share with the Family Justice Center will be kept confidential among its partner agencies to the extent the law allows, unless I consent otherwise. The Family Justice Center will oppose any effort to release any confidential information to my abuser or any representative of my abuser. Personal statements about abuse I have experienced that are made to attorneys, therapists, doctors, nurses, chaplains, or other professionals are confidential and will not be shared with staff from any FJC partner agencies without my specific authorization.

Exceptions to Confidentiality

I understand that the Family Justice Center and its partner agencies may be required by law, without my consent, to report suspected child abuse and/or neglect, threats to hurt yourself or others, suspected abuse and/or neglect of an elderly or dependent adult, and when ordered by a judge.

Authorization is for a Limited Time

I understand that when I sign this authorization it becomes effective immediately and that it may be revoked verbally or in writing any time, except to the extent that the information has already been released. This authorization shall be effective for 12 months from the date below. A Family Justice Center staff member will contact me before my Confidentiality and Release of Information Agreement form expires to learn if I would like to renew the Agreement. If I do not reauthorize the Agreement, or if the Family Justice Center cannot reach me, all of my information will be deleted electronically. (See back side of this form)



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- I have read and understand this authorization form. I consent to release information described on the first page to the Family Justice Center and its specific partner agencies and further agree to all the terms above.
- I have read and understand this authorization form. I do not consent to release my information to the Family Justice Center and its specific partner agencies.

GUEST SIGNATURE DATE FJC STAFF SIGNATURE DATE

Family Justice Center Partner Agency Form

I consent to sharing my information electronically to the following Partner Agencies:

- _____ (please initial) **Center for Community Solutions** (assistance with restraining orders)
- _____ (please initial) **Chaplain’s Office** (non-denominational spiritual support)
- _____ (please initial) **Children’s Hospital** (assists abused women and children by providing education, advocacy, counseling, and support)
- _____ (please initial) **City Attorney, Domestic Violence and Special Victims Unit** (prosecutors, investigators and advocates are available to inform you of rights, future court hearings, criminal stay away orders, assistance with safety planning and obtain restitution)
- _____ (please initial) **Forensic Medical Unit** (medical professionals are available to conduct forensic examinations, document injuries, and provide limited medical services for victims)
- _____ (please initial) **Military Liaison** (assist victims injured by a military member by discussing all of the services available to the victim through the military and civilian communities)
- _____ (please initial) **Deaf Mental Health Services** (provides advocacy, support and assistance to deaf and special needs to clients)
- _____ (please initial) **Police Department, Domestic Violence and Elder Abuse Unit** (investigates and responds to incidents of domestic violence and elder abuse)
- _____ (please initial) **Volunteer Lawyer Program** (provides direct representation in court to handle domestic violence restraining order applications, contempt hearings, restitution, and immigration)
- _____ (please initial) **Traveler’s Aid** (helps victims get the transportation they need to court appearances, medical and legal appointments, and employment related activities.)

(Add additional partner agencies – both off-site and on-site partners as appropriate)

(If an electronic database/intake system is used at the Center, additional language may be necessary to address how long this information will be stored in the intake system)

For assistance with confidentiality and information sharing issues, contact the National Family Justice Center Alliance at (888) 511-3522 or at www.familyjusticecenter.org.