

APPENDIX O. AUTHORIZATION TO RELEASE INFORMATION FOR VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

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Before you authorize CVOEO to share any of your confidential information with another agency or person, CVOEO staff will discuss potential risks and benefits of sharing your confidential information. If you decide you want CVOEO to release some of your confidential information, you can use this form to choose what is shared, how it is shared, with whom, and for how long.

CONFIDENTIALITY PROTECTIONS FOR INFORMATION RELATED TO DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, AND STALKING

I understand that CVOEO has an obligation to keep my personal information, identifying information, and my records related to domestic violence, dating violence, sexual assault, or stalking confidential. This information is not entered into any shared database and is kept in a separate case file from my normal case file. CVOEO must not disclose, reveal, or release any personally identifying information or individual information about domestic violence, dating violence, sexual assault, or stalking, regardless of whether the information has been encoded, names have been redacted, or the information is otherwise protected.

I understand that I can choose to allow CVOEO to release my personal information related to domestic violence, dating violence, sexual assault, or stalking to the individuals and agencies I specify, in the form I specify, and for the period of time I identify. I understand that I do not have to sign this release form in order to obtain services from CVOEO and that signing this release is completely voluntary. I can also choose to allow CVOEO to release my other personal information, without including my personal information related to domestic violence, dating violence, sexual assault, or stalking.

If release of information is compelled by statutory or court mandate, CVOEO shall make reasonable efforts to notify me and shall take steps necessary to protect my privacy and safety.

AUTHORIZATION TO DISCLOSE INFORMATION

I, _____ [NAME], born on _____ [DOB], authorize CVOEO to share the information specified below with:

Name: _____

Agency/Organization Name: _____

Contact Information: _____

The information may be shared: in person by phone by fax by mail by e-mail¹

¹ I understand that e-mail is not a highly secure form of communication and may be subject to "hacking" or other forms of interception by unauthorized persons. Initial here to authorize use of e-mail to share information: _____

I authorize the following information to be released:

- Documents, limited to: _____
- Dates of service: _____
- Type(s) of service, limited to: _____
- Other, limited to: _____

The purpose of this disclosure is limited to: _____

I understand that releasing this information about me could give another agency or person information about my location and would confirm that I have been receiving services from CVOEO. I understand that CVOEO 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.

Expiration: This release expires on _____ [DATE]. If no date is entered, this release will expired 30 days from the date it was signed below.

Signature: _____ Date: _____

Witness: _____ Date: _____

CERTIFICATE OF TRANSLATION

I, _____ [CVOEO staff], certify that _____ [NAME] is not a person with limited English proficiency, or that the client declined interpretation services offered.

I, _____ [INTERPRETER NAME], certify that on _____ [DATE], I translated this document from English to _____ [LANGUAGE] for _____ [NAME], and that the client signed it after discussing it with CVOEO staff I certify that I shall not disclose any communications made by the client or CVOEO staff nor shall I share any information I have obtained while acting in my capacity as an interpreter.

Interpreter Signature: _____ Date: _____