



Client Notice of Rights/Confidentiality

As a client of Victims for Justice (VFJ), you have the following rights regarding the confidentiality of your personal information and communications with VFJ staff and volunteers:

1. The information that you provide to VFJ will be kept confidential to the greatest extent allowed by law.
2. You may choose what information you want to provide to VFJ. You will not be denied access to services if you choose to not provide certain identifying information.
3. The information that you provide to VFJ, including your name, address, phone number, and other personal information will not be shared with other individuals or agencies without your permission.
4. VFJ staff may be required by law to report certain situations even if you don't give them permission to share or report the situations, such as suspected abuse or neglect of a child and/or vulnerable adults who are unable to meet their own needs or seek help without assistance. Staff and advocates will inform you of any reporting requirements prior to having conversations with you and will tell you when they must make a report and what information will be shared. Even when these reports are made, VFJ should not share information beyond what is required by law.
5. Some general information about the types of services provided and overall demographics (e.g., age and income ranges, average number of children, ethnicities) of people that use VFJ services must be shared with the agencies that fund VFJ. However, information that specifically could identify **you** as someone who used VFJ services will never be shared unless specifically authorized in writing by you.
6. After your intake with VFJ, you may choose to be referred to other agencies for additional help and support. Agencies we partner with include other victim service providers throughout the state, as well as legal and law enforcement agencies. Examples include but are not limited to: STAR, AWARE, AWAIC, APD, OVR and VCCB.
7. You can decide how much or how little of your personal information VFJ will or will not be shared with each partner agency. You will be told, in general, what each partner's obligations are to keep your information confidential. If you choose to have VFJ share some of your personal information with an agency we partner with, you will be told exactly *how* and *what* information will be shared. If you later decide that you don't want the information you have provided to be shared with any of VFJ partners, let us know and we won't share any more information with those partners.
8. If you have any questions or concerns about this notice or your rights, or if you have a concern that your confidential information was not treated appropriately, please contact our office at 907-278-0977.



VICTIMS FOR JUSTICE RELEASE OF INFORMATION

READ FIRST: Victims for Justice (VFJ) must keep information about you private. The only time your personal information should be shared is when you want us to for specific services, or if we are compelled by law or court order.

- You never have to agree to share your information. We will still help you and provide our services.
- If you do want VFJ to share some information about you, use this form to give instructions about what you do and don't want shared, and with whom you want it shared.
- Before you sign this, someone at VFJ will discuss your goals/needs, your choices for how to meet those, and the pros and cons of having us share the information for you.
- You can change your mind about what you want shared at any time, and we will update this form to reflect your decision.

1. CONSENT: I, _____, date of birth _____, hereby authorize staff at VFJ to share information contained in my client records with the following individual and/or organization:

Name of Person/Organization	Phone/Fax	Email
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2. The specific information I authorize to be released related to the incident noted below is (please initial):

- ☐ Confirmation that I am a client of Victims For Justice
- ☐ Confirmation that I am a victim of a violent crime
- ☐ Current needs for the purpose of referral to programming (e.g., household supplies, medical supplies, etc.)
- ☐ Income/benefits information for the purpose of referral to programming
- ☐ Information pertaining to Violent Crime Compensation Board Application
- ☐ Medical information for the purpose of referral to programming
- ☐ Questions or concerns regarding civil legal matters (protective orders, custody, divorce, etc.)
- ☐ Questions or concerns regarding the criminal justice system
- ☐ Questions or concerns regarding the police/trooper investigation
- ☐ Other: _____

Date of Incident

Name of Offender

3. The purpose and/or need for such disclosure is:

- ☐ Coordination of Services ☐ Other _____

This authorization is effective from date signed and expires after one year unless another date is indicated here:_____. Authorization may be revoked by me in writing at any time. I understand action may have already taken place during the time the authorization was in effect.

Client Signature

Date

Witness Signature

Date



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