

_____ COUNTY VICTIM ASSISTANCE
RELEASE OF INFORMATION FORM DA# _____

READ FIRST: Before you decide whether or not to let _____ County Victim Assistance share some of your confidential information with another agency or person outside the District Attorney's office, an advocate at Victim Assistance will discuss alternatives and potential risks and benefits that could result from sharing your, or your children's, confidential information. If you decide you want Victim Assistance to release some 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 _____ County Victim Assistance has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow _____ County Victim Assistance to release some personal information to certain individuals or agencies.

I, _____, authorize _____ County Victim Assistance to share the following specific information about

me my minor children, whose names are: _____

Who I want to have this information:	Name: Specific Office at Agency: Phone Number:
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The information may be shared: in person by phone by fax by mail by email

I understand that county electronic mail (e-mail) is public record, is not confidential and may be intercepted and read by others.

What information will be shared:	<input type="checkbox"/> Name <input type="checkbox"/> DOB <input type="checkbox"/> Address <input type="checkbox"/> Telephone Number <input type="checkbox"/> My participation with VAP <input type="checkbox"/> other: (please specify)
Why I want info shared: (purpose)	

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 _____ County Victim Assistance.

I understand:

- That I do not have to sign a release form. I do not have to allow _____ County Victim Assistance to share my, or my children's, information. Signing a release form is completely voluntary. That this release is limited to what I write above. If I would like _____ County Victim Assistance to release information about me or my children in the future, I will need to sign another written, time-limited release.
- That releasing information about me, or my children, could give another agency or person information about my location and would confirm that I have been receiving services from _____ County Victim Assistance.
- That _____ County Victim Assistance and I may not be able to control what happens to the information once it has been released to the above person or agency, and that the agency or person getting my, or my children's, information may be required by law or practice to share it with others.

This release expires on _____
Date

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:** _____

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

Signed _____ **Date** _____