MARION COUNTY VICTIM ASSISTANCE RELEASE OF INFORMATION FORM

READ FIRST: Before you decide whether or not to let Marion 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 Marion 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 Marion County Victim Assistance to release some personal information to certain individuals or agencies. , authorize Marion County Victim Assistance to share the following specific information about: □ me \square my minor children, whose names are: Who I want to Name: have this Specific Office at Agency: information: Phone Number: The information may be shared: □in person □by phone \Box by fax □by mail □by email ☐ I understand that county electronic mail (e-mail) is public record, is not confidential and can be intercepted and read by other people. What information \square DOB □ Address \square name ☐ Telephone Number ☐ My participation with VAD will be shared: \square 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 Marion County Victim Assistance. I understand: That I do not have to sign a release form. I do not have to allow Marion 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 Marion 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 Marion County Victim Assistance. That Marion 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 ___ 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

This form adapted from form created by Julie Kunce Field, J.D. and NNEDV G: $\VAD\ Admin\Forms\Vic\ Release\ of\ Info\ form\ 6/5/12$