

This file does not fully comply with all applicable guidelines for accessible digital documents. For the most accessible experience, visit <https://vtlawhelp.org/VAWA-release-information>

## **VAWA Authorization to Release Information form**

See the form on the next page.

## **AUTHORIZATION TO RELEASE INFORMATION FOR VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

Before you authorize an individual or program to share any of your confidential information with another agency or person, the individual or program will discuss potential risks and benefits of sharing your confidential information. If you decide you want an individual or program 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 [INSERT PROGRAM] 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. [INSERT PROGRAM] 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 [INSERT PROGRAM] 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 [INSERT PROGRAM] and that signing this release is completely voluntary. I can also choose to allow [INSERT PROGRAM] 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, [INSERT PROGRAM] 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  
\_\_\_\_\_ [INDIVIDUAL/PROGRAM]  
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-mail<sup>1</sup>

<sup>1</sup> 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 the individual or program named above. I understand that the individual or program releasing my information 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, \_\_\_\_\_ [INSERT PROGRAM staff], certify that \_\_\_\_\_ [NAME] is not 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 PROGRAM staff. I certify that I shall not disclose any communications made by the client or PROGRAM staff nor shall I share any information I have obtained while acting in my capacity as an interpreter.

Interpreter Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_