



CONSENT FOR RELEASE OF INFORMATION

Incident ID

Client Code

CONFIDENTIAL Consent for Release of Information¹

This form should be read to the survivor or guardian in her first language. It should be clearly explained to the survivor that she / he can choose any or none of the options listed.

I, _____, give my permission for (Name of Organization) to share information about the incident I have reported to them as explained below:

1. I understand that in giving my authorization below, I am giving (Name of Organization) permission to share the specific case information from my incident report with the service provider(s) I have indicated, so that I can receive help with safety, health, psychosocial, and/or legal needs.

I understand that shared information will be treated with confidentiality and respect, and shared only as needed to provide the assistance I request.

I understand that releasing this information means that a person from the agency or service ticked below may come to talk to me. At any point, I have the right to change my mind about sharing information with the designated agency / focal point listed below.

I would like information released to the following:

(Tick all that apply, and specify name, facility and agency/organization as applicable)

- | Yes | No | |
|--------------------------|--------------------------|----------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Security Services (specify): |
| <input type="checkbox"/> | <input type="checkbox"/> | Psychosocial Services (specify): |
| <input type="checkbox"/> | <input type="checkbox"/> | Health/Medical Services (specify): |
| <input type="checkbox"/> | <input type="checkbox"/> | Safe House / Shelter (specify): |
| <input type="checkbox"/> | <input type="checkbox"/> | Legal Assistance Services (specify): |
| <input type="checkbox"/> | <input type="checkbox"/> | Livelihoods Services (specify): |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (specify type of service, name, and agency): |

1. Authorization to be marked by client:
(or parent/guardian if client is under 18)

Yes

No

1. Reprinted from GBVIMS Consent for Release of Information Form Version 2 (Finalized October 2010) http://gbvims.com/wp/wp-content/uploads/IntakeandConsentForm_Feb20112.pdf

2. I have been informed and understand that some non-identifiable information may also be shared for reporting. Any information shared will not be specific to me or the incident. There will be no way for someone to identify me based on the information that is shared. I understand that shared information will be treated with confidentiality and respect.

2. Authorization to be marked by client:
(or parent/guardian if client is under 18)

Yes

No

Signature/Thumbprint of client:
(or parent/guardian if client is under 18)

Caseworker Code: -----

Date: -----

INFORMATION FOR CASE MANAGEMENT:
(Optional delete if not necessary)

Client's Name: -----

Name of Caregiver (if client is a child): -----

Contact Number: -----

Address: -----

(Write questions for Survivor Code Here)