

Sexual Assault Support Services (SASS) YWCA of Hawai'i Island

Crisis Intervention / Clinical / Legal Advocacy Services Consent

| **Please initial each item for which you are authorize of the page. | zing consent and sign at the bottom |
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| CONSENT FOR CRISIS COUNSELING AND SASS program of the YWCA of Hawaii Island to property and the crisis, educational information regarding options and services available and information or authorize the SASS Program of the YWCA of Hawaii Island to property and the crisis, educational diagnostic and the country and the | rovide crisis counseling services as services may include counseling to g sex assault, information regarding the medical-legal process. I also vaii Island to provide clinical and/or |
| CONSENT FOR LEGAL ADVOCACY. I au YWCA of Hawaii Island to provide legal advocacy so minor child/ward. The provision of the legal advocacy 505.5 of Hawaii Rules of Evidence Victim—Counselo the release of confidential communications to a third counselor for the purpose of counseling or treatme psychological effects of sexual assault. Legal advoto me and I have had the opportunity to ask question | ervices as needed for me and/or my by services shall not jeopardize Rule or Privilege, in that it shall not include diparty which were made to a victiment of the victiment for the emotional or cacy services have been explained |
| CONSENT TO USE DATA FROM CLIENTS program of the YWCA of Hawaii Island to use inforby the SASS program in connection with service child/ward. I understand that such use shall be expressed that a such use shall be for the control of | rmation from my record(s) complied tes received by me or my minor exclusively for program evaluation, and/or private funding agencies. I ellection and analysis only and shall |
| Signature of Client or Parent/Legal Guardian if Minor | Relationship to Client |
| Signature of Witness | Date |

Revised: 6/2016