Authorization to Release/Obtain Confidential Information

Rule 505.5 of Hawaii Rules of Evidence, Victim Counselor Privilege, states that a victim has a privilege to refuse to disclose and to prevent any other person from disclosing confidential communications made to a victim counselor for the purpose of counseling or treatment of the victim for the emotional or psychological effects of sexual assault, domestic violence or child abuse or neglect, and to refuse to provide evidence that would identify the name, location or telephone number of a facility that provided temporary emergency shelter to the victim. Further, the privilege may be claimed by the victim, the victim’s guardian or conservator, or the personal representative of a deceased victim.

I, _____________________________

Name of Client, Parent/Legal Guardian

Relationship to Client

________________________

Name of Client if Under Guardianship

Hereby authorize the Sexual Assault Support Services (SASS) Program to:

Obtain and Release _____ information about me or my minor child/ward.

To and From _____ the following organizations or individuals.

Exceptions _______________________________________________________

Hawaii Police Department (HPD)  Office of the Prosecuting Attorney (OPA)
Children’s Justice Center (CJC)  YWCA Sexual Assault Support Services (SASS)
Child Welfare Services (CWS)  Other: ________________________________

Purpose of Information: Discussion at case tracking and _______________________

Specific Information Requested: Information pertinent to client case and ____________

Form in Which the Information will be Shared:  Written  Verbal  Other

This consent is subject to revocation by me at any time upon receipt by the Sexual Assault Support Services (SASS) Program of notice from the person who has signed below except to the extent that action has been taken in reliance on it. If not earlier revoked, it shall terminate one year from the good for one year from date of signature or on ______________, whichever occurs first.

I hereby release the SASS Program of the YWCA of Hawaii Island, its employees, agents, and staff from all liability and all claims of any nature pertaining to the disclosure of the information described above.

__________________________________________  __________________________      ______________

Signature of Client or (Parent/Legal Guardian if Minor)  Relationship to Client  Date

Signature of Witness ________________________________

Revised 6/2016