



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, _____, the _____ of
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 _____

- checkbox Hawaii Police Department (HPD) checkbox Office of the Prosecuting Attorney (OPA)
checkbox Children's Justice Center (CJC) checkbox YWCA Sexual Assault Support Services (SASS)
checkbox Child Welfare Services (CWS) checkbox 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: checkbox Written checkbox Verbal checkbox 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 _____