

Sharing My Information: A Plain Language Release Form for OVW-Funded Victim Service Providers

The Victim Rights Law Center (VRLC) developed a plain language release of information (ROI) form to help Office on Violence Against Women (OVW)-funded victim service providers (VSPs) provide confidential services to people with intellectual and developmental disabilities, among others. We are glad to share our other ROI forms – one in English and one with English and Spanish. Let us know if you want either of them by contacting us at TA@victimrights.org.

The Violence Against Women Act (VAWA)¹ describes the process VSPs must follow to get informed consent from someone who needs them to release their personally identifying information. This ROI process has three steps:

- A. **DISCUSS** with the person whose information might be released why it might be shared, who would have access to it, and what information could be shared under the release.
- B. **AGREE** with the person about what information would be shared and with whom.
- C. **RECORD** the agreement about the scope of the release.

The ROI form which follows, “Sharing My Information,” may be used to guide VSPs’ discussions about releasing information and to record the agreement about that information.

The “Annotated” version of the “Sharing My Information” form has raised note numbers that correspond to the following notes. The “For Adaptation” version that follows the Annotated version has the note numbers removed so that the form can be easily set up for use by VSPs.

NOTES:

- 1. The name of the person whose information would be released is written here.
- 2. The name of the VSP staff or volunteer who is discussing the ROI process is written here. (The bracketed words should be removed from the final ROI form.)
- 3. The name of the VSP program is put here.
- 4. The specific information that the VSP will release (e.g., name, a certain record or letter) is written here. (If you are completing the ROI to request information from a different, non-OVW-funded organization or agency, the information you will receive would be written here.)

¹ See 28 C.F.R. 90.4(b)(3).




5. The name of the person, agency, organization, etc. with whom the information will be shared is written here. (This would be your organization if the release is to let you get records or talk to someone from a different, non-OVW funded organization or agency.)
6. If the Name above in this box is an agency, for example, then you would not need to identify “Where they work/Their position.”
7. These check boxes will be most useful if they list the types of communication your VSP typically uses. You might want to add a box for “Other.”
8. These lines can be initialed, checked, or marked with an X.
9. A release may not be a condition of services.
10. Location-related information is an important aspect of being informed about possible consequences of sharing information and giving informed consent.
11. The checkboxes may be more of a prompt for the VSP using the form than for the person whose information will be released. Sometimes these boxes will not apply because the VSP does not have privilege. You might delete the boxes from the form or instruct the people using it to indicate “n/a” when a privilege does not apply.
12. Someone who has signed a release may revoke it. They do not need to revoke the release in writing.
13. A release must be for a specified time period based on its purpose.
14. A release should be signed by the person whose information will be released unless the person whose information will be released:
 - a. Is a legally incapacitated person who has a non-abusive and legally appointed guardian, in which case only the legally appointed guardian must sign (make sure that the legal guardianship covers the sort of services your VSP is providing to the legally incapacitated person), or
 - b. Is a minor who *lacks the capacity* to consent to release, in which case the release must be signed by the minor and a non-abusive parent or guardian *and* the minor *if* the minor can knowingly consent. (Only the non-abusive parent or guardian may provide consent if the minor cannot knowingly consent. The VSP should attempt to notify the minor as appropriate in this circumstance.)

VRLC hopes that you will adapt this form to your work while making sure you keep the components in place that make the form VAWA-compliant. Please feel free to contact our privacy TA team at TA@victimrights.org if you have any doubt that the form remains VAWA-compliant after you make changes. We are also available to answer any confidentiality-related questions that come up with your work.

VRLC Training Expertise Advice Mentoring
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Sharing My Information - ANNOTATED

I, _____,¹ have talked with _____ [Victim
Service Staff/Volunteer's Name]² who works at [Agency/Program Name]³
about why I want some of my information shared. We talked about what
can happen if my information is shared. **It is okay with me if**
[Agency/Program Name]³ **shares the information below:**

<p>The information that is okay to share is:⁴</p> 	
<p>Who I let this information be shared with?</p> 	<p>Name:⁵</p> <p>Where they work/ Their position:⁶</p>
<p>How my information can be shared?</p> 	<p>Check the box(es):⁷</p> <p><input type="checkbox"/> In Person</p> <p><input type="checkbox"/> By Phone (Phone No. _____)</p> <p><input type="checkbox"/> By Email (Email Address _____)</p> <p><input type="checkbox"/> By Mail (Address _____)</p>

I understand that:

____⁸ [Agency/Program Name]³ will work with me even if I do not sign this form.⁹



____ Someone might be able to find out where I am and/or where I live if this information is shared.¹⁰



____ By sharing this information, some or all of it may no longer be privileged.¹¹

☐ I talked with someone from [Agency/Program Name] about what “**privilege**” means and I understand it.

☐ I talked with someone from [Agency/Program Name] about what “**waiver**” means and I understand it.

___ I know I can always talk to _____ [Victim Service Staff/Volunteer's Name]² when I have any questions about “privilege,” “waiver,” or anything else in this release.

___ I can change my mind about sharing this information. If I do not want this information shared, I will tell someone at [Agency/Program Name] in person, on the phone, or in writing that I changed my mind and I do not want this information shared. **I know that I cannot take back information that [Agency/Program Name] shared before I changed my mind.**¹²

This release starts ____ / ____ / ____ and ends ____ / ____ / ____.¹³
Today's Date End Date

Signature: _____

Date: _____

Parent/Guardian Signature (if needed):¹⁴ _____

Date: _____

___ I want this release to last longer. This release will now end on
____ / ____ / ____.
New End Date




Signature: _____

Date: _____

Sharing My Information [FOR ADAPTATION]

I, _____, have talked with _____ [Victim Service Provider Staff/Volunteer's Name] who works at [Agency/Program Name] about why I want some of my information shared. We talked about what can happen if my information is shared. **It is okay with me if**

[Agency/Program Name] **shares the information below:**

<p>The information that is okay to share is:</p> 	
<p>Who I let this information be shared with?</p> 	<p>Name:</p> <p>Where they work/ Their position:</p> <p>Phone number:</p>
<p>How my information can be shared?</p> 	<p>Check the box(es):</p> <p><input type="checkbox"/> In Person</p> <p><input type="checkbox"/> By Phone (Phone No. _____)</p> <p><input type="checkbox"/> By Email (Email Address _____)</p> <p><input type="checkbox"/> By Mail (Address _____)</p>

I understand that:

_____ [Agency/Program Name] will work with me even if I do not sign this form.



_____ Someone might be able to find out where I am and/or where I live if this information is shared.



_____ By sharing this information, some or all of it may no longer be privileged.

☐ I talked with someone from [Agency/Program Name] about what “**privilege**” means and I understand it.

☐ I talked with someone from [Agency/Program Name] about what “**waiver**” means and I understand it.

_____ I know I can always talk to _____ [Victim Service Staff/Volunteer's Name] when I have any questions about "privilege," "waiver," or anything else in this release.

_____ I can change my mind about sharing this information. If I do not want this information shared, I will tell someone at [Agency/Program Name] in person, on the phone, or in writing that I changed my mind and I do not want this information shared. I know that I cannot take back information that [Agency/Program Name] shared before I changed my mind.

This release starts _____ / _____ / _____ and ends _____ / _____ / _____.
Today's Date End Date

Signature: _____

Date: _____

Parent/Guardian Signature (if needed): _____

Date: _____

**_____ I want this release to last longer. This release will now end on _____ / _____ / _____.
New End Date**

Signature: _____

Date: _____

