VICTIMS FOR JUSTICE

Client Notice of Rights/Confidentiality

As a client of Victims for Justice (VFJ), you have the following rights regarding the confidentiality of your personal information and communications with VFJ staff and volunteers:

1. The information that you provide to VFJ will be kept confidential to the greatest extent allowed by law.

2. You may choose what information you want to provide to VFJ. You will not be denied access to services if you choose to not provide certain identifying information.

3. The information that you provide to VFJ, including your name, address, phone number, and other personal information will not be shared with other individuals or agencies without your permission.

4. VFJ staff may be required by law to report certain situations even if you don't give them permission to share or report the situations, such as suspected abuse or neglect of a child and/or vulnerable adults who are unable to meet their own needs or seek help without assistance. Staff and advocates will inform you of any reporting requirements prior to having conversations with you and will tell you when they must make a report and what information will be shared. Even when these reports are made, VFJ should not share information beyond what is required by law.

5. Some general information about the types of services provided and overall demographics (e.g., age and income ranges, average number of children, ethnicities) of people that use VFJ services must be shared with the agencies that fund VFJ. However, information that specifically could identify ***you*** as someone who used VFJ services will never be shared unless specifically authorized in writing by you.

6. After your intake with VFJ, you may choose to be referred to other agencies for additional help and support. Agencies we partner with include other victim service providers throughout the state, as well as legal and law enforcement agencies. Examples include but are not limited to: STAR, AWARE, AWAIC, APD, OVR and VCCB.

7. You can decide how much or how little of your personal information VFJ will or will not be shared with each partner agency. You will be told, in general, what each partner's obligations are to keep your information confidential. If you choose to have VFJ share some of your personal information with an agency we partner with, you will be told exactly *how* and *what* information will be shared. If you later decide that you don't want the information you have provided to be shared with any of VFJ partners, let us know and we won't share any more information with those partners.

8. If you have any questions or concerns about this notice or your rights, or if you have a concern that your confidential information was not treated appropriately, please contact our office at 907-278-0977.

VICTIMSFORJUSTICE.ORG
Tel. 907-278-0977
1057 W Fireweed Ln. Suite 101
Anchorage, AK 99503

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Release of Information

READ FIRST: Victims for Justice (VFJ) must keep information about you private. The only time your personal information should be shared is when you want us to for specific services, or if we are compelled by law or court order.

- You never have to agree to share your information. We will still help you and provide our services.
- If you do want VFJ to share some information about you, use this form to give instructions about what you do and don't want shared, and with whom you want it shared.
- Before you sign this, someone at VFJ will discuss your goals/needs, your choices for how to meet those, and the pros and cons of having us share the information for you.
- You can change your mind about what you want shared at any time, and we will update this form to reflect your decision.

1. **CONSENT:** I, _____ , date of birth, _____, hereby authorize staff at VFJ to exchange information contained in my client records with individual(s) and/or organization(s) listed below. I also give my permission for the individual(s) or organization(s) listed below to exchange information from their records concerning my contact with VFJ staff.

   I consent for VFJ to exchange information with the following person(s) or organization(s):

   - □ Anchorage Police Department
   - □ Alaska State Troopers
   - □ District Attorney's Office
   - □ Violent Crimes Compensation Board
   - □ Office of Victims' Rights
   - □ Other/Relationship: _____
   - □ Other/Relationship: _____

2. **The specific information I authorize to be released is:**
   Case specific to the crime that occurred on: _____ Other_____

3. **The purpose and/or need for such disclosure is:**
   Coordination of Services Other_____

This authorization is effective from the date signed and expires after one year unless another date is indicated here: _____. Authorization may be revoked by me in writing at any time.

_____ _____
Client Signature **Date**

_____ _____
Witness Signature **Date**

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Agreement to Receive Services & Intake

Name: _____ **Date of Birth:** _____

I_____, consent to receive services from Victims For Justice, Inc (VFJ).

I understand that VFJ clients have the right to receive the best possible quality of service and will be treated fairly and respectfully under every circumstance. All services will be provided without regard to race, gender, religion, national origin, physical disability, mental health disability, marital status, sexual orientation, pregnancy or parenthood.

I understand that all information revealed to VFJ staff is strictly confidential and will only be released with my permission and indicated by signing a Release of Information form.

I understand the only exceptions to VFJ's confidentiality policy are as follows:

1. **If abuse or neglect is suspected of a child or vulnerable adult**, VFJ staff is mandated by Alaska state statute to report to the Office of Children's Services or Adult Protective Services, as appropriate. VFJ may share information with an appropriate law enforcement agency to facilitate the investigation and prosecution.
2. **If there is sufficient reason to believe that an individual is in immediate danger of harming him/herself or another person**, VFJ staff are mandated by Alaska state statute to notify an appropriate law enforcement agency.
3. **If there is a medical emergency**, VFJ Staff may communicate with medical personnel to the extent necessary for appropriate care.
4. **If VFJ is served with a court order issued by a judge or magistrate of the State of Alaska**, VFJ will allow access to confidential files, as required.
5. **If qualified personnel are conducting management audits, financial audits or program evaluations, they may access client records**. These people may not, however, identify a client in any report, audit or evaluation.

I have been advised that any interactions I may have with other VFJ clients are strictly confidential.

I understand that VFJ reserves the right to refuse services.

_____ _____

Client Signature Date

_____ _____

Witness Signature Date

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Agreement to Receive Services & Intake

What is your first language?

- □ English □ Spanish □ Sign Language
- □ Other: _____

Do you need an interpreter?

- □ Yes No

Please mark if you have any disabilities:

- □ Physical None
- □ Mental
- □ Developmental
- □ Deaf or Hard of Hearing
- □ Prefer not to answer
- □ Other: _____

Do you need accommodation for your disability?

- □ No
- □ Not applicable
- □ Yes. Describe the needed accommodation:

  _____

  _____

Race & Ethnicity:

- □ American Indian or Alaska Native
- □ Asian
- □ Black/African American
- □ Hispanic/Latino
- □ Native Hawaiian or Pacific Islander
- □ White
- □ Prefer not to answer

Are you a veteran?

- □ Yes
- □ No
- □ Prefer not to answer

Gender Identity:

- □ Female
- □ Male
- □ Prefer not to answer
- □ Other: _____

Sexual Orientation:

- □ Straight
- □ LGBTQ
- □ Prefer not to answer
- □ Other: _____

Preferred Pronouns: _____

Citizenship Status: *VFJ will not share your status:*

- □ US Citizen
- □ Immigrant
- □ Refugee
- □ Asylum Seeker
- □ Prefer not to answer

How do you prefer to be contacted?

- □ Phone call
- □ Text message
- □ Email

Phone number: _____

Email Address: _____

- □ Check this box if you would like to receive VFJ's newsletter/email updates

How did you learn about VFJ?

_____

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