

FOLLMAN AGENCY
CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____, of _____
(Client's Name) (street address) (city)

authorize **James H. Follman, Ph.D. of the FOLLMAN AGENCY, 910 South Anacortes Street, Burlington, WA 98233**

to receive from and/or disclose to: _____
(Victim's Name Here)

for:

- _____ to inform the victim and victim's community and legal advocates that the perpetrator is in treatment with the program, and to provide information, for safety purposes, to the victim and victim's community and legal advocates
- _____ prior and current treatment agencies to provide information on the perpetrator to the program; and to provide information on the perpetrator to relevant legal entities including: Lawyers, courts, parole, communicate with the victim during the assessment and treatment process.
- _____ Allow The Follman Agency/ Skagit Domestic Violence and Sexual Assault Services to notify the victim that the participant has been accepted or rejected for treatment.
- _____ Allow The Follman Agency/ Skagit Domestic Violence and Sexual Assault Services to notify the victim of any significant changes in the participant's treatment plan or noncompliance with treatment.
- _____ Allow The Follman Agency/ Skagit Domestic Violence and Sexual Assault Services to notify the victim if their safety appears to be at risk due to the participant's potential for violence or lethality.

I understand that my records are protected under the Federal and State Confidentiality Regulations, and cannot be disclosed without my written consent unless otherwise provided for in 42 CFR Part 2. I also understand that I may revoke this consent at any time except that action has been taken in reliance on it (e.g. probation, parole, etc.) and that in any event this consent expires automatically as described below:

90 days from last contact with Follman Agency

I request the following information be released: *(Client's initials required next to check mark)*

- _____ Diagnostic impression, symptomology, evaluation results and recommendations.
- _____ Progress reports, attendance records, prognosis reports.
- _____ Knowledge that I am a client at this agency.
- _____ Victim advocacy information.
- _____ Collateral Contact
- _____ For Research Purposes
- _____ Other (specify) _____

NOTICE: Prohibition on Re-disclosure prohibits you from making further disclosure of the information given above. (42 CFR Part 2)

I further acknowledge that the information to be released was fully explained to me and that this consent is given of my own free will.

Executed this _____ day of _____ 20____

_____ X _____
(Staff Signature) *(Client Signature)*