



**Little River Band of Ottawa Indians
Family Services Department/Victim Services Program
2608 Government Center Drive, Manistee, MI 49660
1-888-723-8288**

Authorization for Release of Information

READ FIRST: Before you decide whether or not to let Victim Services Program share some of your confidential information with another agency or person, an advocate at Victim Services Program will discuss with you all alternatives and any potential risks and benefits that could result from sharing your confidential information. If you decide you want Victim Services Program to release some of your confidential information, you can use this form to choose what is shared, how it's shared, with whom, and for how long.

I understand that Victim Services Program has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow Victim Services Program to release some of my personal information to certain individuals or agencies.

I, _____, authorize Victim Services Program to share the following specific information with:
name

Who I want to have my information:	Name: Specific Office at Agency: Phone Number:
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The information may be shared: in person by phone by fax by mail by e-mail
 I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.

What info about me will be shared:	(List as specifically as possible, for example: name, dates of service, any documents).
Why I want my info shared: (purpose)	(List as specifically as possible, for example: to receive benefits).

Please Note: there is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by Victim Services Program.

I understand:

- That I do not have to sign a release form. I do not have to allow Victim Services Program to share my information. Signing a release form is completely voluntary. That this release is limited to what I write above. If I would like Victim Services Program to release information about me in the future, I will need to sign another written, time-limited release.
- That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from Victim Services Program.
- That Victim Services Program and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

Expiration should meet the needs of the victim, which is typically no more than 15-30 days, but may be shorter or longer.

This release expires on _____
Date Time

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.

Date: _____

Signed: _____

Time: _____

Witness: _____

Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release)

I confirm that this release is still valid, and I would like to extend the release until _____
New Date New Time

Signed: _____

Date: _____

Witness: _____