



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

Client Notice of Rights/Confidentiality Form for Advocacy Organizations

As a client of Victim Services Program, you have the following rights regarding the confidentiality of your personal information and communications with Victim Services Program staff and volunteers:

1. The information that you provide to Victim Services Program will be kept confidential to the greatest extent allowed by law.
2. You may choose what information you want to provide to Victim Services Program. You will not be denied access to services if you choose to not provide certain identifying information.
3. The information that you provide to Victim Services Program, including your name, address, phone number, and other personal information will not be shared with other individuals or agencies without your permission.
4. Victim Services Program 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 child abuse or neglect. 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, Victim Services Program 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 Victim Services Program services must be shared with the agencies that fund Victim Services Program. However, information that specifically could identify **you** as someone who used Victim Services Program services will never be shared unless specifically authorized in writing by you.
6. After your intake with Victim Services Program, you may choose to be referred to other agencies for additional help and support.
7. You can decide how much or how little of your personal information Victim Services Program 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 Victim Services Program 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 Victim Services Program 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 (*name and number of confidentiality monitor*).

Client: I, _____, have received notice of my rights to confidentiality. Date: _____

Advocate: I, _____, have explained this notice to the client. Date: _____