



### Release of Information Form (ROI)

**READ FIRST:** Before you decide whether to let the Little River Band of Ottawa Indians (LRBOI) Victim Services Program (VSP) share any of your confidential information with another agency or person, a VSP advocate 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 the VSP to release any 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 the LRBOI's VSP has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow the VSP to release some of my personal information to certain individuals or agencies.*

I, \_\_\_\_\_, authorize the LRBOI's VSP to share the following specific information with:

<b>My information can be released to:</b>	Agency and/or specific person: Specific office at the agency: Phone number / E-mail address:
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The information may be shared:  in person     by phone     by mail     by e-mail\*

*\*I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.*

<b>The information about me to be shared is limited to:</b>	(List as specifically as possible. For example: name, dates of service, any documents).
<b>The purpose for sharing my information is to:</b>	(List the purpose as specifically as possible. For example: to receive benefits).

**Please Note:** There is a risk that a limited release of information can potentially open access by others to all your confidential information held by the VSP.

#### I understand:

- That I do not have to sign a release form. I do not have to allow the VSP to share my information. Signing a release form is completely voluntary. That this release is limited to the permissions I included above. If I would like the VSP to release information not expressed above, or to continue sharing information once this form is expired, 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 the VSP.
- That the VSP 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.

**This release expires on** \_\_\_\_\_ **Date** \_\_\_\_\_ **Time** \_\_\_\_\_ *Expiration should meet the needs of the survivor, which is typically 15-30 days, but may be shorter or longer.*

*I understand that this release is valid once signed and that I may withdraw my consent to this release at any time either orally or in writing.*

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Witness:** \_\_\_\_\_

<b>Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release)</b>		
I confirm that the information on this release is still valid, and I would like to extend it until _____		
	<b>New Date</b>	<b>New Time</b>
<b>Signed:</b> _____	<b>Date:</b> _____	<b>Witness:</b> _____