



NATIONAL CRIME VICTIM LAW INSTITUTE

SAMPLE RELEASE OF INFORMATION (ROI) TEMPLATE¹

The information in this resource is educational and intended for informational purposes only. It does not constitute legal advice, nor does it substitute for legal advice. Any information provided is not intended to apply to a specific legal entity, individual or case. NCVLI does not warrant, express or implied, any information it provides, nor is it creating an attorney-client relationship with the recipient.

This resource is not intended for use by a victim/survivor unless accompanied by a conversation with a service provider who walks through the form with the victim/survivor. All individuals connected to an agency that might use a release of information form should be trained on use of the form and answers to frequently asked questions to help ensure that every person is given the same accurate information about the potential risks and benefits associated with authorizing the release of victim-client information.

[Insert explanation of the confidentiality and/or privilege protections that apply to the victim/survivor's interactions with the agency. This explanation should be in plain language and include any privacy obligations that apply, as well as any limitations on the agency's ability to keep information private, such as mandatory reporting obligations, *Brady* disclosure obligations, and whether privilege protections may apply to safeguard victim communications.]

I have discussed [Agency]'s privacy obligations and any exceptions to those obligations with _____ . I understand these obligations and exceptions.
[name of individual service provider/advocate]

I have discussed and understand the potential risks and benefits of authorizing the release of my information outside of [Agency].

[victim/survivor's initials or alternate client identification]²

I understand that I am not required to authorize the release of my personal information in order to receive or keep receiving services from [Agency].

[victim/survivor's initials or alternate client identification]

¹ [Practitioner's Note: This Sample Template is designed to be used in conjunction with the National Crime Victim Law Institute's *Release of Information Form Considerations* document.]

² [Practitioner's Note: Consider what victim/survivor information is necessary to include on this form, as well as the capabilities and limitations of the Agency's client tracking system or record-keeping system. It may be necessary to include the victim/survivor's name, but it may also be possible to have the victim/survivor sign/initial the document using a pseudonym, client tracking number, or other type of alternate identification.]

I have been given an opportunity to ask all of the questions that I have that relate to privacy and potential disclosure of my information, and my questions have been answered.

[victim/survivor's initials or alternate client identification]

I understand that, unless I choose to allow it through this Release of Information form, [Agency] will not share this form or my information with anyone else, unless required by law.

[victim/survivor's initials or alternate client identification]

I, _____, choose to allow [Agency] to share my information, as described below:
[victim/survivor's name or alternate client identification]

Who I want to receive my information:³

Name of organization: _____

Specific person at organization (if applicable): _____

The reason I want my information shared:

(Describe the purpose or goal of sharing some of your information/what it will help you do, to ensure that both you and [Agency] understand your goals and the purpose of the release.)

The specific information about me that may be shared:

(Describe or list specific information you would like [Agency] to share. For example, you may choose to include your name, address, specific documents or forms you have filled out, upcoming court dates, financial information, etc.)

³ [Practitioner's Note: It is often beneficial for victims/survivors to execute separate Release of Information forms for use with different organizations, when they choose to authorize the sharing of some of their information with more than one external organization. Because agencies may have differing privacy obligations and exceptions to those obligations—and may require that different information be shared to facilitate services—victims/survivors may not want to authorize the release of identical information to each external organization. Use of separate forms can help clarify what information is authorized for release, and for what purpose, to which organization.]

- I do not have to allow [Agency] to share any of my information in order to receive or continue to receive services from [Agency]. My choice to allow the sharing described above is voluntary and my own. _____
[victim/survivor's initials or alternate client identification]
- If I do not choose to sign this form, [Agency] is bound by the privacy obligations and exceptions described above. _____
[victim/survivor's initials or alternate client identification]
- I may not have control over my information once it is shared with someone outside [Agency], and there is a possibility that my information could be shared with others by the person or organization receiving my information. _____
[victim/survivor's initials or alternate client identification]
- Authorizing [Agency] to release my information will confirm that I have received services from or interacted with [Agency]. _____
[victim/survivor's initials or alternate client identification]
- The permission to share the information described above will begin at the time I sign this document and will continue until the date and time entered above, unless I either extend this permission to a later date in writing or communicate with [Agency] that I wish to end this permission earlier and withdraw my permission to share my information.

Signed by:

[victim/survivor's name or alternate client identification]

[date]

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

I confirm that I would like to extend the authorization to release my information, as described above, until _____ at _____ [am/pm].
[date] [time]

Signed by: _____ [date]
[victim/survivor's name or alternate client identification]

Withdrawal of Permission to Release

I affirm that I have received a communication withdrawing the permission previously granted above to release specific information. The withdrawal is effective _____ at _____ [am/pm].
[date] [time]

Signed by: _____ [date]
[name of individual service provider/advocate at [Agency]]