RELEASE OF CONFIDENTIAL INFORMATION
State law mandates that one of the only ways advocates can release any information about a program participant to a third party is when the participant has given express written permission.

This is done using a standardized form called a “Release of Information” (ROI), also called a “waiver of confidentiality” in the WAC.
RCW 70.123.076(2)(a) and WAC 388-61A-0330 describe what a release of information must contain to be valid:

- Made voluntarily
- Written (no verbal releases), signed by survivor
- Pertain only to the survivor or her children
- Include an end date or it will expire in 90 days
Release of Information

Elements of an ROI (continued):

- Clearly describe the scope of information to be released
- Inform client that consent to share the information can be withdrawn at any time

Also, a DV agency cannot require that a client sign a release of information in order to receive services (WAC 388-61A-0340).
Release of Information

What Is Being Shared?

- **RCW 70.123.076(2)(b):** The domestic violence program's disclosure of information shall be *only to the extent authorized by the recipient*. The domestic violence program, if requested, shall provide a copy of the disclosed information to the recipient.
Release of Information

- A release of information should be specific about purpose, person or agency to receive the information, and amount of time the waiver is valid.
- A “blanket waiver” should never be used.
- Once a release is signed and the information is shared, the participant cannot make that information confidential again.
- However, a participant can withdraw her permission at any time to stop the advocate from sharing the information further.
WSCADV has created a model release of information that includes all the elements outlined in RCW 70.123.076(2)(a) and WAC 388-61A-0330.

The next two slides show the model ROI.

You can download the form at www.wscadv.org under Resources (look for Model Forms in the “Advocacy” topic).
Release of Confidential Information

We will not release any information about you without your permission, unless a legal exception exists, as explained on the Notice of Your Right to Confidentiality form. You do not have to give permission or sign a release of confidential information in order to receive services. It is completely your decision. You can withdraw your permission (in writing or orally) at any time. If you sign a release of information, you do not give up your right to have any of this information protected under other laws or rules.

I, ________________________, authorize this program to release the following information:

(Printed name of Program Participant)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

to: ___________________________ and/or ___________________________

(Name of agency) (Name of staff person)

I understand that I can revoke my permission to release confidential information at any time. This release of information is good until ___________________________.

(Expiration Date)

*** If no date is entered, the release will automatically expire in 90 days. ***
I understand this consent form does not release medical, HIV/AIDS related information, or Alcohol/Drug related information unless I have specifically stated so above.

_________________________________________  ______________________________
Participant Signature                                           Date

_________________________________________  ______________________________
Staff Signature                                                  Date

FOR REVOCATION OF CONSENT ONLY

Release revoked on this date: .............................................................
Signature of Participant: .................................................................
Signature of Staff: .........................................................................

Release of Confidential Information
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Release of Information

Informed Consent:

- It is the advocate’s responsibility to ensure that program participants fully understand what they are giving up and what the potential consequences may be for giving permission to release privileged information.
Remember……
The information being released belongs to the survivor. She is the only person who gets to decide what to do with it.
Release of Information

Questions to consider before asking a program participant to sign an ROI:

- Why do I want the survivor to sign this release?
- Do the goals of the individual or agency who is asking for the information line up with what the survivor thinks is in her own best interest?
- What are the benefits to the survivor if the information is shared?
- What are the risks to the survivor if the information is shared?