



# Victim Support Network

Victims for Victims

## RELEASE AND/OR EXCHANGE OF INFORMATION AUTHORIZATION

**Confidentiality Statement:** Information contained within this peer support network is confidential. Any breach of confidentiality will be grounds for termination and removal from support network.

The MDOC Victim Services Program will not disclose any personally identifying information or individual information (name, date of birth, social security number, address, phone number, email, etc.) collected in connection with services requested, used, or denied without the client's permission. Information regarding the offender's crime, case or status will not be released and the victim, family member and/or friend have the discretion to disclose information they are comfortable with.

Exceptions may include:

1. When a person is a danger to self or others;
2. When a person discusses the abuse or suspected abuse of a child, elderly person, or person with a disability;
3. When the agency is court ordered to release information. If court ordered to release information and/or records, DOC will use the following guidelines to protect the safety and privacy of individuals receiving services: Notify the client(s) affected by the disclosure, discuss possible consequences of the release and discuss client's wishes regarding authorizing release

If/when a person's wants to give permission to have information communicated (verbally, in writing, or through other means) with another individual, department or agency the following information must be completed and signed by the person receiving services and/or the appropriate guardian (if the information is about a child or other person under a legal guardian's care receiving services).

**Information to be released:** Contact information, crime classification and other shared information relevant to Victim Support Network. Information is collected and shared within a database managed by the MDOC Victim Services Program. I understand I can revoke my participation at any time and must notify MDOC Victim Services to cancel or change the release.

Person Authorizing the Release of Information: \_\_\_\_\_

(Print)

\_\_\_\_\_  
Register Signature

\_\_\_\_\_  
Date

*Mail Documents to:*

A : 5 S. Last Chance Gulch Helena, MT 59602

P : 406-444-0447

E : CORVictimLiaison@mt.gov

*Thank you for registering!*

Please mail forms to Montana DOC Victim Services Program, and you will receive confirmation upon receipt.