# Consent to Disclose / Limited Confidentiality

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| I, |  | | | on behalf of | |  | |
| consent and understand that all information shared with Centre Against Sexual Assault Central Victoria will be kept confidential, however where a Counsellor Advocate is concerned about my safety and/or the safety of family members or others, a Counsellor Advocate may contact relevant services **without my consent** and provide information relevant to the safety issues only.  **I understand that limited confidentiality applies:**   * During case discussions with staff within CASACV and with a Clinical Supervisor * Where there is risk to myself or others * Where there is identifiable risk of family violence and immediate safety concerns for myself and/or my child/ren (where applicable)   I understand my de-identified case notes may be subject to review by an External Accreditation Agency.  I understand CASACV is legally obligated to adhere to the Multi-Agency Risk Assessment and Management (MARAM) framework, under part 11 of the Family Violence Protection Act 2008 to share personal information with other legislative organisations without my consent to appropriately identify, assess and manage family violence risk.  **Services that may be contacted in this regard include, however not limited to:**   * Police * Child Protection * Local Doctor * School * Community Health Nurse * Mental Health Services / Hospital * Family members (where appropriate)  |  | | --- | | Client provided verbal consent over the telephone -   * pack be emailed/mailed out Yes * declined pack being mailed out Yes * was provided link to website to read pack information Yes |   I agree to Counsellor Advocates contacting the following agencies/individuals. Any additional agencies/individuals will require signing of further release forms. | | | | | | | |
| Date | | Agency | Contact name | | Position | | Phone Number |
|  | |  |  | |  | |  |
|  | |  |  | |  | |  |
|  | |  |  | |  | |  |
|  | |  |  | |  | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Dated: |  |