**AUTHORIZATION FOR RELEASE OF INFORMATION TO LAW ENFORCEMENT IN THE EVENT OF SAFETY CONCERNS**

Dear Client:

Because of confidentiality laws, we are ordinarily unable (and unwilling) to divulge *any* information to anyone about a client, even to law enforcement. We want to protect our clients’ privacy and we also want to be sure no one is creating a phony crisis as a ruse to find a client or to gain other information about her.

However, there are occasionally circumstances when someone conveys to us or to law enforcement a credible concern that our client may be missing and possibly in an unsafe situation. In this event, we would like to know if you authorize us to give law enforcement what we decide is pertinent information about you so that an effort can be made to locate you and/or establish your safety. With your permission, we would release to law enforcement what we deem to be relevant information (about your general living or legal circumstances, emotional state, appointment history and/or domestic abuse history) only after careful consideration and evaluation of the known facts and concerns and with the expectation that doing so will enable a search to establish your safety.

Please initial below what response you would like us to take:

\_\_\_\_\_ Yes, I hereby authorize the Crisis Center to release confidential information to law enforcement representatives in the event of any concern for my safety.

I understand that this consent automatically expires at the end of one year unless otherwise indicated and that this authorization is subject to revocation at any time by stating in writing that this release is no longer valid. I release the Crisis Center from all legal liability that may arise from the release of information.

\_\_\_\_\_ No, I do not give my consent to the Crisis Center to release confidential information (unless forced by court order) about me, even if there are concerns about my safety.

CLIENT SIGNATURE, ACKNOWLEDGEMENT, AGREEMENT, AND CONSENT

I have read and understand the preceding. By signing below I acknowledge my understanding and agreement to release confidential information as described in this document.

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Client Signature Date Therapist/Staff Signature Date