



The Southern Maryland Center for Family Advocacy

P.O. Box 760, Hollywood, MD 20636

301-373-4141 | Fax: 301-373-4147

ABUSER INTERVENTION PROGRAM CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Federal and State laws protect the confidentiality of your records related to service you have received at Southern Maryland Center for Family Advocacy. Individuals applying to enroll in the SMCFA AIP must provide written permission for release of confidential information. Applicants must complete this Consent for Release of Information form. By signing this form, you agree to the following program conditions:

1. SMCFA reserves the right to disclose information in the interest of victim safety and advocacy. This may include your current partner and/or a previous partner or child's mother. Information shared may include but is not limited to information about referral to the AIP, program attendance, completion, termination or withdrawal from the program.
2. If you have been ordered or required to attend AIP, representatives of the referring agency are entitled to information about your status in the program. They will be notified in writing or by telephone of program compliance or noncompliance and the reason for that determination. These representatives include but are not limited to, Parole and Probation, Courts, the Department of Social Services, and judges.
3. If you have a medical emergency while attending the program and a doctor or hospital needs information to treat you, we will provide only the information that is needed to respond to the specific emergency.
4. In all cases in which a threat is made against another person or yourself, regardless of whether the threat is directed or implied, the necessary steps will be taken to protect the intended victim(s) from harm.
5. Maryland law requires us to report to Protective Services if we suspect abuse or neglect of children, an elderly person, or a vulnerable adult.
6. Data may be shared with those organizations that fund, certify, or partner with our program. Such agencies request information of this sort in return for financial support and program evaluation, making it possible for us to better serve you. No information will be shared with any partnering agency that does not agree to honor the confidentiality of our program participants.

This consent for release of information may be revoked at any time. However, SMCFA reserves the right to refuse service to any individual who refuses to give consent for release of the information specified in this form.

Participant's Name: _____ DOB: _____

Participant's Signature: _____ Date: _____

Witness: _____ Effective as of: ___/___/___