

SAMPLE

Anywhere Community Sexual Assault Program

Client Rights Information and Consent to Receive Services

As a Client of our program,

You have a right to be treated with dignity and respect.

You have the right to receive services, regardless of race, color, religion, disability, pregnancy, national origin, sexual orientation, gender, age, ethnicity, income, veteran status, marital status, or any other basis prohibited by law.

You have the right to receive services from the Anywhere Community Sexual Assault Program. You also have the right to refuse services. To indicate your consent to receive services, please sign the bottom of this form and return it to the CSAP. We will make a copy of this form to give to you to keep. If you are under 13 years old or are a dependent adult, please have a parent or legal guardian sign this form with you to indicate consent.

All information about you and your case will remain strictly confidential. Before we can communicate information about your case to others, you (or if you are under 13 or a dependent adult a parent/guardian) must sign a Release of Information form, which is valid for a limited period of time as indicated on the form. Exceptions to confidentiality occur when: we have reason to suspect a child or dependent adult is abused or neglected (RCW 26.44.030); there is a clear, imminent threat of serious physical injury or death to yourself or others; there is a court-ordered release of the information. The CSAP documents any mandated reports.

Under Washington Law, (RCW 5.60.060), your conversations with a rape crisis advocate are confidential and will not be disclosed without your consent unless one of the exceptions listed above applies.

Only staff and volunteers involved directly in your case and their supervisors have access to information about your case. We use this information to file statistical reports with our funders, plan our programs, and evaluate our services. In the event data need to be verified, funding agencies may review these records. [Any person reviewing the files will sign a confidentiality agreement before being permitted to access them.] The files themselves are kept in a locked file cabinet [or other agency-specific location] in our offices. They are reasonably protected from fire, flood, theft, earthquakes, or other damage.

You have the right to review your file at any time with 24-hour advance notice [or other agency procedure]. In order to review your file, you must present photo identification. You will be permitted to review your file at our agency. Files are not permitted to leave the building. If you wish to take a copy with you, you must make the request in writing to the CSAP Executive Director [or other designated manager].

As a client of the Community Sexual Assault Program, we will not photograph or videotape you. In addition, we will neither ask you nor compel you to participate in any public appearances. If you wish to participate in any public events as a part of your healing process, please let the Executive Director know. If you choose to participate in any event or to be photographed or videotaped, we will ask that you sign a consent form first.

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You have the right to file a complaint or grievance with the Executive Director if you have any concern, complaint, or believe that your rights have been violated. If the Executive Director is accused of the violation, you may file the grievance with the Board of Directors.

If you would like more information about our policies and procedures regarding your case, please ask your advocate.

Your signature below indicates consent to receive services from the Anywhere Community Sexual Assault Program, with the understanding that the client may refuse services at any time.

Client Signature

Date

Parent or Guardian Signature
if client is under 13 or is a dependent adult

Date

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Note for Toolkit Users: There are statements contained in this Client Rights Information and Consent Form that reflect policy options that may or may not conform to the policies of your CSAP. Please pay particular attention to the statements [in brackets]. The actual form that you use MUST match the policies and procedures your program has adopted.