

PART 4

AGENCY ADMINISTRATION & OPERATIONS

- Operational Policies and Procedures
- Diversity, Equity, and Inclusion Plan and Implementation
- Client File Review
- Quality Assurance
- Core Services
- Materials and Publications
- Facility Tour

Appendix: Sample Policies, Procedures, Plans, and Forms

KEY:

Blue text: Accreditation Standards as provided by OCVA.

Black text: WCSAP guidance.

OPERATIONAL POLICIES AND PROCEDURES

What you submit:

- ✓ Operational policies and procedures with the following requirements flagged for review

What these will be reviewed for:

Confidentiality

This accreditation standard is comprehensive; to meet this standard, each CSAP is asked to show its policies and procedures for nine different client-related topics. CSAPs can adopt policies that meet their program needs, assuming they remain in compliance with any legal requirements. The following discussion outlines each policy area.

The accreditation team will check to make sure that policies are consistent with procedures and program activities. Be sure that there is documentation that clients consent to receive services in accordance with agency policies and that there is documentation of mandatory reports when made.

- ✓ Documentation of informed consent of clients, including minor clients and adult clients who have a guardian appointed to make personal decisions, to receive services

Note the revision of language in this standard to replace the term “vulnerable adult,” which is appropriate for mandated reporting but not for consent issues.

- ✓ Age of consent for services

There are no state laws that govern the age a client must be to consent to their own advocacy services. There is an RCW (71.34.530) that states that clients must be at least 13 years old to consent to their own mental health services. This should be discussed in all facets of the agency and approved by the Board in policy.

- ✓ When consent can be given verbally and how that is documented

Most CSAPs use a “Client Rights Form” or an “Information for our Clients” sheet that clients can take with them when they leave the CSAP office. “Evidence of Compliance” requires documentation that information materials were given to clients.

Regardless of your method for giving out this information, CSAPs **must** document that they have given this information to clients. Options for this include:

- Have clients sign one copy of the form and keep another for their records. The signed copy should be placed in the client file. Some programs use a signature on this form to indicate the client’s consent to receive services. If a CSAP chooses to use this signature, make sure the client consent policy references this form.
- Indicate on the client contact sheet (with an advocate’s initials, checkbox, etc.) that client information materials were given.
- Client consent policy should include a plan for clients that cannot read and/or write or for those that speak another language.

There is a sample CSAP client rights form in the appendix.

At a minimum, be sure your client information handout includes the following policies and procedures, preferably in an easy-to-read format in the preferred language of the client. It is also best practice to post your confidentiality policy or a summary of it in a place where clients who come to the center for services will see it.

✓ Subpoenaed records and staff

The two laws related to the confidentiality of communications between a survivor of sexual violence and a sexual assault advocate are RCW 5.60.060 (the sexual assault victim and advocate privilege) and RCW 70.125.065 (records of rape crisis centers are confidential). At a minimum, an effective policy should address how the victim will be notified about the request and how the subpoena will be processed and responded to by the agency. Agencies do not have to commit to fighting every subpoena in court, but do need to honor whatever steps they outline in their policy, so it is important to consider the agency’s resources for legal fees.

✓ Participation of clients in public appearances or when the agency is using identifiable photographs or videotapes of clients

✓ [Release of information about clients](#)

Often, policies regarding releasing information about clients will fall under a CSAP's policy and procedures governing client confidentiality and exceptions to confidentiality. CSAPs have specific forms clients need to fill out and sign before information about that client's case can be released to another party.

A waiver or release of information form should be specific about the purpose of providing the information, the person or agency to receive the information, and the period of time during which the release is valid – ideally, the shortest time possible with an automatic expiration.

- ✓ [Mandatory reporting of suspected abuse or neglect of children or vulnerable adults \(RCW 74.34.035 and RCW 26.44.030\) and agency documentation of reports](#)
- ✓ [How a client accesses their file](#)
- ✓ [Confidentiality of client information, including access to and use of information about clients](#)

CSAPs are required to state their confidentiality policy and explain what information is collected about a client's case, who has access to it, and how it is used.

The agency must have policies guiding how the confidential information about clients is accessed. This can be included in the general confidentiality policy or may be a separate policy addressing record-keeping of client information. Any additional procedures pertaining to the use of information about clients should also be documented in this section.

Confidentiality agreements are supporting documents for the procedures. An agreement should state, at a minimum:

- The agency's confidentiality policy
- Exceptions to that policy
- The consequences to an individual if they violate the polic

Non-discrimination in Service Provision

- ✓ Services are offered without discrimination by reason of race, color, religion, disability, pregnancy, national origin, sexual orientation, gender, age, ethnicity, income, veteran status, marital status, or any other basis prohibited by federal, state, or local law
- ✓ Agency provides or arranges qualified interpretive or translation services to Limited English Speaking/Limited English Proficiency, hard of hearing, or Deaf persons
- ✓ Personnel and client safety and security needs, including fire, medical, or other emergencies

CSAPs have had two challenges in meeting this standard, both of which can be easily avoided:

1. Creating a policy that omits one (or more) of the protected groups. This mistake is often a typographical error or simple oversight, but will cause the CSAP to fail this standard.
2. Printing an incomplete or old policy that does not cover each group on an old brochure, client intake form, etc.

The CSAP offers services without discrimination by reason of race, color, religion, disability, pregnancy, national origin, sexual orientation, gender, age, ethnicity, income, veteran status, marital status, or any other basis prohibited by federal, state, or local law.

Periodic review of operational policies and procedures by the board and/or its designee

Record security, maintenance, and access by individuals other than the client

- ✓ Protection of the privacy of clients and former clients
- ✓ Disposition of client records in the event of the dissolution of the agency
- ✓ Reasonable protection against destruction by fire, earthquake, flood, or other damage, such as by secure electronic backup of information critical to providing services
- ✓ How long records are maintained

Plan for transfer of cases in the event workers leave the agency

In general, if a CSAP only keeps paper files (not on a database), the CSAP must determine how it needs to back up those files, so that the CSAP would be able to continue to provide core services without interruption in the event the files are destroyed. One way of maintaining this could be keeping a written master client list with client ID's in a secure location. For those CSAPs that use a database (or other computerized documentation system), backing up the data nightly or weekly is wise. Of course, the backup copy of the information needs to be kept in a secure location off-site. It is important to recognize that the backup information, like any client information, must be kept completely confidential and secure.

CSAPs should have up-to-date procedures to maintain the security of electronic records and other data. It is important to have strong, complex passwords that are changed frequently and maintained securely (including changing passwords when staff members leave the program).

Regardless of file format, the original information itself needs to be kept secure and confidential. If the CSAP keeps files, the files should be locked and only direct service staff should have access to the key. If the CSAP uses a database, it should be password-protected and procedures should reflect the need to maintain confidentiality of all passwords.

If the program maintains mental health records in its facility, these should be secured separately from advocacy records to ensure appropriate access to each category of client files.

How long does a CSAP need to keep its files?

According to the OCVA contract, CSAPs must maintain files for 6 years following the last billing cycle in which the client received services. After that time has passed, a CSAP may choose to retain the files or have them destroyed in a secure and confidential manner.

To meet the accreditation standard, the CSAP must describe its security, maintenance, and access procedures, and ensure that those procedures protect the confidentiality and security of the files.

TIP: Most programs maintain lean case files, without an abundance of case specifics or lengthy narratives about clients. Record the minimal information necessary to comply with funding requirements and provide meaningful services

to the client, always keeping in mind the possibility the records could be disclosed.

DIVERSITY, EQUITY, AND INCLUSION PLAN AND IMPLEMENTATION

What you submit:

- ✓ Diversity, Equity and Inclusion Plan

The Diversity, Equity, and Inclusion Plan can use different language and/or be multiple plans. However, the below topics should all be clearly addressed.

Documented progress on each of the three (3) areas of focus outlined below. Progress could be demonstrated within the plan itself, and/or by submitting examples of activities completed, such as:

- How job postings are developed and distributed to recruit diverse applicants
- Trainings staff attended
- Partnerships with culturally specific organizations
- Meeting minutes
- Pictures
- Agency materials
- Descriptions of how action steps were completed

Items submitted should be clearly linked with the objectives and activities in the plan(s).

What it will be reviewed for:

- ✓ Clearly identifies the timeframe covered by the plan(s)
- ✓ Timely and up to date
- ✓ Reviewed annually

Plan(s) must address the three (3) focus areas below:

- 1. Plan to ensure that staff, volunteers, and board are representative of the community at large. Must include:**
 - ✓ Clear description of the diversity of the community at large, including, at minimum, age, race/ethnicity, and sexual orientation
 - ✓ Diversity objectives

- ✓ Action steps to achieve objectives, with implementation timelines
- ✓ Demonstrated progress on the identified action steps

The agency must have a plan that identifies the diversity of its community, and outlines the agency's diversity objectives and includes a specific plan, with a timeline, for achieving those objectives.

To identify the diversity of your community, you may seek information from the U.S. Census Bureau, although; keep in mind the census is only as accurate as what is actually reported and it misses many underserved populations.

2. Plan for how the agency can increase its capacity to serve its diverse community, including how the agency reduces their own biases and incorporates an anti-oppression lens in their work.

Must include:

- ✓ Objectives
- ✓ Action steps to achieve objectives, with implementation timelines
- ✓ Demonstrated progress on the identified action steps

This refers to the CSAP's capacity to provide culturally appropriate services to each client served. What does your CSAP need to learn, do differently, or change in order to serve the different cultures represented in your community?

Accreditation does not specify what the cultures are in your community, or in what way you need to change your services. It is up to the CSAP to determine how the CSAP's services must be expanded, improved, or altered to better serve the needs of all people in the service area.

To meet this standard, the CSAP must both have a cultural competency plan and show progress towards meeting its objectives.

3. Plan for reducing barriers to accessing services. Must include:

- ✓ Documentation of most recently completed process to identify barriers, such as meeting minutes, notes, or reports
- ✓ Action steps to address barriers, with implementation timelines
- ✓ Demonstrated progress on the identified action steps

Consider some basic barriers to service and how to address them. For example,

- Agency publications in multiple languages,
- Interpreters (or multilingual/bicultural staff) available who speak the languages most commonly found in the service area,

- Language Line interpretation service for telephone interpretation of multiple languages
- A TTY line for those who are Deaf or hard of hearing,
- Physically accessible facilities
- Provide transportation (by purchasing bus vouchers or by paying cab fare)
- Provide mobile advocacy by meeting clients where they are

CSAPs must evaluate barriers to accessing services. Some CSAPs accomplish this by scheduling and holding a staff meeting specifically focused to address service barriers once a year. The agenda and minutes from this meeting can be used to meet this Standard. Other CSAPs review barriers more frequently and less formally; some have a space on the client contact form to list barriers the client may have encountered and then use that information at the next staff meeting to begin addressing the barrier.

These meetings can occur with any group in the organization: staff, Board of Directors, volunteers, and clients.

Accreditation does not require that barriers be eliminated, but rather that once a barrier is identified, a CSAP will work toward addressing it. If you have ongoing steps (such as providing transportation assistance), you should have benchmarks for evaluating whether your actions are effective.

The sample plan in the appendix are useful as a starting point. You will want to develop a plan that is much more detailed and reflects the community you serve. In order to meet the Accreditation requirement of documenting progress toward objectives, each objective should have clear benchmarks, with target dates and staff who are assigned. The actual plan should have specific tasks with dates for accomplishing them, and should document progress on each task.

CLIENT FILE REVIEW

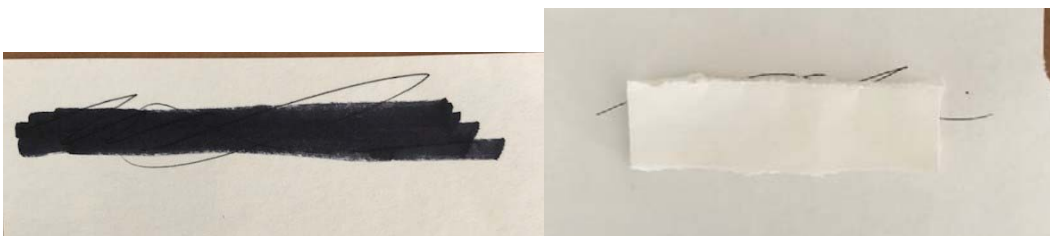
A few weeks prior to the accreditation review, the accreditor will send an email with up to 12 ID numbers of clients who are reported in InfoNet as having received Core Sexual Assault Services in the past two (2) years. Redact and upload client consent for services forms, any releases of information, and any other forms or paperwork that document the below information from these files. The agency is responsible for ensuring that no personally identifying information is uploaded.

What the files will be reviewed for:

- ✓ **Documentation of informed consent of clients to receive services**
- ✓ **Documentation that the client is informed of confidentiality and exceptions to confidentiality, as described in policies and procedures**
- ✓ **If applicable, written releases of information that are specific and time-limited.**

The accreditor does NOT need to see the full contents of the client files. You only need to show where the client number selected consented to receive services and was informed about confidentiality, as well as any Release of Information forms in the file.

The accreditor is looking for proof of signature; however, you must redact identifying information and signatures can definitely be identifying. You can make a copy and use a sharpie to blackout the majority of the signature or you can place a piece of paper or post-it note to partially obscure it.



QUALITY ASSURANCE

What to submit:

Description of how and what information is systematically collected and reviewed to evaluate program effectiveness, allocate program resources, and assess unmet needs for the agency or community

- ✓ Description of how the results of the evaluation are used to improve services

Relevant reports, minutes, or notes from the most recent strategic planning process, including the agency strategic plan or description of immediate and long-term goals and objectives identified

- ✓ Description of how the agency strategic plan or immediate and long-term goals and objectives are used to guide program decisions and improve services, including how information is disseminated at all levels of the organization

What these will be reviewed for:

- ✓ Agency conducts periodic planning processes to identify and address:
 - Program effectiveness
 - Allocation of resources
 - Unmet needs
 - Immediate and long-term goals and objectives
- ✓ Results of the evaluations and planning processes are disseminated at all levels of the organization
- ✓ Uses principles, values, and mission in its evaluation and planning

Many CSAPs write a description of how they use the information gathered during the client intake process for program planning. For example: race, age, type of assault and other pertinent statistical information can be used to help programs identify populations who do or don't seek their services.

In addition, programs may see trends in requested services that they can plan to fulfill in the next year, such as support groups. There are endless possibilities as far as the type of information gathered and how this information might be used. What is important to each CSAP may be different. Whatever you choose to use, for accreditation you must describe in writing:

- ✓ what information you collect,
- ✓ how you collect it,

- ✓ the process the CSAP goes through to use this information in its planning and evaluation processes (Board retreat, staff meetings, etc.),
- ✓ proof of the planning and evaluation process (such as meeting minutes, or your strategic plan).

Accreditation does not state how frequently this planning process must occur, but you should ensure your current strategic plan has not expired.

CORE SERVICES

What to submit:

Example staffing schedule

What it will be reviewed for:

- ✓ Demonstrates 24-hour coverage to provide sexual assault specific information and referral, crisis intervention, general, legal, and medical advocacy

The accreditor will conduct a test hotline call within 30 days prior to the scheduled review.

What the test call will be reviewed for:

- ✓ Crisis intervention, advocacy, and information and referral are immediately available (a caller can speak with a trained advocate within 20 minutes from the time of the initial call)

Some CSAPs have run into problems with this standard the following ways:

- The accreditor will ask to speak to an advocate. Sometimes a trained volunteer working on the crisis line might not self-identify as an advocate because they are “just a volunteer”. Make sure that all staff and volunteers know they are considered advocates for these purposes.
- In some cases, call forwarding fails. Make sure to double check that crisis lines are properly transferred with a test call each time.

The following reports will be pulled from InfoNet for the previous two (2) years. Agency should ensure InfoNet data is up to date. Reports will be pulled by OCVA. Agencies do not have to submit any documentation for this section.

Reports pulled from InfoNet:

- ✓ Sexual Assault Program Report
- ✓ Client Demographics Data

What these will be reviewed for:

- ✓ General, Legal, and Medical Advocacy are provided
- ✓ Services are provided across the lifespan
- ✓ Services are provided to diverse communities, including various genders, races, ethnicities, and disabilities
- ✓ Crisis intervention/information & referral calls/contacts

Report pulled from InfoNet:

- ✓ CSAP Activities - Community Awareness

What this will be reviewed for:

- ✓ Conducts community awareness activities related to sexual assault and available services to the community-at-large, including community presentations, awareness activities, participation in community events, and distributing information materials
- ✓ Reaching out to diverse populations

Report pulled from InfoNet:

- ✓ CSAP Activities - System Coordination

What this will be reviewed for:

- ✓ Participation in local, statewide, and/or national groups to improve service for individual clients, identify gaps in service, advocate for needed change, share training and other resources, and work toward the elimination of sexual violence

CSAPs participate in advocacy at the statewide level through their membership in WCSAP and can use their membership certificate as evidence for this standard.

- ✓ Coordination with medical and legal communities

Think broadly about the nature of your working relationships with the medical and legal communities. For example, the medical community might include Planned Parenthood, pediatricians and family practice providers, childbirth professionals, local clinics, chemical dependency programs, and mental health professionals. The legal community might include immigrant rights groups, individuals within the prosecutor's office, court personnel, and probation and parole officers.

“Working relationships,” in addition to formal interagency agreements, can include cross-training, regular collaborative meetings, joint projects, and co-participation on task forces, for example.

MATERIALS AND PUBLICATIONS

What to submit:

- ✓ A sampling of your current materials and publications, such as brochures, flyers, informational materials, links to social media, etc.

What these will be reviewed for:

- ✓ Describes programs and services
- ✓ Describes role, function, and capacities of the agency
- ✓ Available in multiple languages
- ✓ Representative of community, such as including diverse backgrounds and identities, and can be understood by people with varying literacy levels

Save and date any materials the CSAP develops in order to communicate with the community.

- Don't forget any activities you may present for Sexual Assault Awareness Month.
- Posters and PowerPoint presentations are also appropriate documentation.
- Include links for Facebook, Instagram, Twitter, etc. if you use these for community outreach.
- Do not include materials specific to domestic violence or general crimes services.

Accreditor will review the agency website. Agencies do not have to submit any documentation for this section.

What the website will be reviewed for:

- ✓ Clearly identifies that the agency provides sexual assault services
- ✓ Describes what sexual assault services are available
- ✓ Information about available services is easily identified and accessible
- ✓ Information is relevant, up to date, and accurate
- ✓ Website is accessible for people with visual or hearing impairments, motor skill, physical, cognitive, or other disabilities
 - For example, images have descriptive text, colors contrast well, text is resizable, content can be accessed by assistive technology, etc.

FACILITY TOUR

During the review, the accreditor will conduct a tour of the facility. This can be done remotely.

What it will be reviewed for:

- ✓ Environment is friendly and welcoming to people of all identities.
 - For example, clear signage about how to enter building/office space, images showing a diverse group of people, Safe Zone signs, gender inclusive restrooms, play spaces for children, etc.
- ✓ Respects comfort and dignity of clients
- ✓ Appropriate to agency's purpose
- ✓ Sufficient opportunity for client privacy
 - For example, offices and/or advocacy rooms have doors that can close, windows on doors are frosted or have blinds that can be closed, attention is paid to sound privacy, etc.
- ✓ Accessibility
 - For example, clear information about handicap parking and barrier-free entrance into the facility, accessible restrooms, seating to accommodate people of different sizes and abilities, accessible workspaces for staff, etc.
- ✓ Convenient, private, and sanitary toilet facilities
- ✓ Well-lit and equipped activity and/or meeting rooms for community awareness and system coordination activities
- ✓ No safety hazards are present
 - For example, bookcases are secured to walls, no obstacles exist in walkways, cleaning products are out of reach of children, etc.
- ✓ Basic emergency plans posted in an area accessible to clients and visitors

Post escape route map describing what to do in case of emergency.

APPENDIX: SAMPLE POLICIES, PROCEDURES, PLANS, FORMS

SAMPLE POLICY ON RESPONDING TO SUBPOENAS

All services provided by this Program are confidential, with the exceptions specified by policy. The Program recognizes the very personal and private nature of the information that may be shared by those dealing with the trauma of sexual assault. The Program is committed to honoring the choices of survivors and to provide services in a manner that facilitates client empowerment. The Program will take all necessary steps under this policy and Washington and federal law to preserve the privacy rights of those who receive its services, unless expressly authorized by the client to do otherwise.

The Program will respond to subpoenas in a manner that protects the confidentiality of the survivor.

Anyone attempting to serve a subpoena should be directed to _____ [Option: the business office]. The Executive Director has been designated as the “custodian of records” for the purpose of responding to subpoenas. Subpoenas requiring a witness to bring documents under their control should be served on the custodian of records at the business office. The Executive Director must be notified immediately of all subpoenas, threats of subpoenas, or attempts to serve subpoenas.

The Program will attempt to notify a survivor as soon as it receives a subpoena concerning the survivor. When the program cannot contact the survivor, and without informed consent from the survivor, confidentiality will be maintained unless there is a court order to release the information (see below).

As a regular practice, no one at the Program will release any information regarding the survivor without informed consent from the survivor. No information about any survivor will be released in response to a subpoena until:

- The survivor releases the information by written waiver with informed consent, or
- The Court, after hearing reasons why the information should not be released, orders that the information be released.

A subpoena, even one signed by a judge, does not require the automatic release of files or other information. Without informed consent of the survivor, the Program will resist disclosure and make every effort to object to the subpoena, including filing all necessary court motions or objections.

In the event the Program receives a subpoena to disclose information regarding the Program, its services or its staff, the Program may need to seek protection. Even when the survivor gives informed consent to release their records or authorizes the Program to testify, the Program reserves the right to seek and follow legal advice about whether there should be limitations to the disclosure for the protection of the Program and/or its staff.

This example is not intended as legal advice nor does it provide legal advice. This sample policy may not address requirements of your specific jurisdiction or agency – consult with an attorney if you need specific legal advice.

SAMPLE SUBPOENA PROCEDURE

In the event that the program receives a subpoena for program records or the testimony of program staff or volunteers, the program will follow its policy. Programs must document and acknowledge the receipt of all subpoenas and use the following procedures when responding.

- All subpoenas must be forwarded to the program director as soon as possible.
- Any program staff who have contact with the entity or individual who sent the subpoena may not provide any information about the survivor, including whether the survivor is known to the program or has received services from the program.
- A program staff person, in coordination with the director, will attempt to notify the survivor that the program has received a subpoena for their information.
 - The program staff should discuss with the survivor what information or records are requested, what the potential risks and/or benefits to releasing the information may be, including consequences of releasing information to an entity or individual who is not required to keep it confidential.
 - This will allow the survivor to make an informed decision about whether to release the records or information.
- If the program is unable to reach the survivor, confidentiality will be maintained unless there is a court order, signed by a judicial officer, to release the information. (Note: a subpoena is not a court order). This includes objecting to the subpoena.
 - Many programs are successful in objecting to the subpoena by having a conversation (without revealing confidential information) or writing a letter detailing their confidentiality obligations that prevent them from revealing the requested information or records.
 - In the event further action is necessary, the program will consult with legal counsel and file all necessary court motions or objections. This may include having an attorney appear in court on behalf of the program to argue any motions filed.
- The program should keep the survivor informed at every stage of the process, and if the program was initially unable to reach the survivor, should continue to make attempts to reach them.

This example is not intended as legal advice, nor does it provide legal advice. It may not address requirements of your specific jurisdiction or agency - consult with an attorney if you need specific legal advice.

SAMPLE CONFIDENTIALITY POLICY

All sexual assault services provided by this program are confidential to the fullest extent permitted by law. This program recognizes that providing advocacy and counseling services to those dealing with the trauma of a sexual assault may include the sharing of very personal and private information. All communications between program staff and volunteers and sexual assault survivors are confidential, including the fact that a survivor has sought and/or received services from the program, with the exceptions noted below. This program is committed to honoring the choices of survivors and to provide services in a manner that facilitates client empowerment. The program will take all necessary steps to preserve the privacy rights of both primary and secondary survivors who seek and receive services from the program.

A sexual assault survivor has the right to decide if and when confidential communications can be disclosed. Client records and information are kept confidential by the Program (see the Record-Keeping Policy regarding use and access to confidential client information). The survivor should only waive their confidentiality upon informed consent. Informed consent requires a sexual assault advocate to provide thorough and accurate information about the advantages and disadvantages of disclosing confidential communications.

Exceptions to confidentiality occur when: we have reason to suspect a child or vulnerable adult is abused or neglected (RCW 26.44.030 and RCW 74.34.035, respectively); there is a clear, imminent threat of serious physical injury or death to self or others; there is a court-ordered release of the information.

The CSAP documents any mandated reports. All staff, volunteers, student interns and Board members shall receive training on and comply with this policy and shall sign a confidentiality agreement.

If a funder/auditor requests access to a client's file to verify services provided by the agency, all identifying information will be redacted and the funder shall sign a confidentiality agreement.

Further, the program will develop and ensure adherence to procedures that effectively implement this policy by all program staff, volunteers, student interns and Board members.

This example is not intended as legal advice nor does it provide legal advice. This sample policy may not address requirements of your specific jurisdiction or agency – consult with an attorney if you need specific legal advice.

SAMPLE CONFIDENTIALITY AGREEMENT

I, _____, agree as a

STAFF MEMBER VOLUNTEER STUDENT INTERN

to follow the Confidentiality Policy of _____ (program), a copy of which has been given to me today.

I will treat victim/survivors and their concerns with respect and confidentiality.

I will not disclose any information provided to me by a victim/survivor or disclosed to me in confidence by anyone associated with the program, without the prior written informed consent of the survivor, except:

- If the victim/survivor discloses to me any information that I would be required to disclose in my role as a mandated reporter of abuse or neglect of minor clients **and adult clients who have a guardian appointed to make personal decisions**, to receive services
- If I am required to do so by court order (only after consultation with the Executive Director)
- If there is a clear, imminent threat of serious physical injury or death to self or others

I also agree to maintain the privacy of other personnel associated with the program.

I agree that my duty to maintain confidentiality continues beyond any termination of my relationship with the program and I shall never disclose any confidential communication except pursuant to the program's procedure and Washington law. I agree to immediately contact the _____ (program) if I receive a request to disclose confidential communications of a program client.

I have received and understand the program's Confidentiality Policy. I understand that a failure to maintain confidentiality will result in sanctions which may include my termination from employment or association with the program.

Signed by: _____ Date: _____

Witnessed by: _____ Date: _____

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SAMPLE FUNDER/AUDITOR CONFIDENTIALITY AGREEMENT

I, _____ (Name) am a funder/auditor for _____ (name of program, organization or firm.)

I am reviewing (all) or (if some, state which : _____) files kept by the {insert name of Program} for survivors for the purpose of _____.

I understand that in reviewing the files of sexual assault survivors, maintaining the survivors' confidences is crucial to honoring their privacy rights and to their safety and well-being. I further understand that such information is confidential and protected by law.

I affirm that I will not disclose any of the information I have learned by my review of these files under any circumstances. I affirm that my duty to maintain confidentiality continues beyond any termination of my relationship with the Program and I shall never disclose any confidential communication except pursuant to the program's procedure and Washington law. I agree to immediately contact the _____ (program) if I receive a request to disclose confidential communications of a program client.

Signed by: _____ Date: _____

Print Name: _____

Witnessed by: _____ Date: _____

Print Name: _____

This example is not intended as legal advice nor does it provide legal advice. This sample policy may not address requirements of your specific jurisdiction or agency – consult with an attorney if you need specific legal advice.

SAMPLE RELEASE OF INFORMATION

[ON AGENCY LETTERHEAD] I understand that [Program/Agency Name] has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow [Program/Agency Name] to release some of my personal information to certain individuals or agencies.

I, _____, authorize [Program/Agency Name] to share the following specific information with:

Name: _____ Specific Office / Agency: _____

Contact Information: _____

The information may be shared: in person / by phone / by fax / by mail / by email

I understand that email is not confidential and can be intercepted and read by other people.

What info about me will be shared: _____

(Be specific, for example: name, dates of service, and any documents).

Why I want my info shared: _____

(Purpose, for example: to receive benefits).

Please Note: there is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by [Program/Agency Name].

I understand:

- That I do not have to sign a release form. I do not have to allow [Program/Agency Name] to share my information. Signing a release form is completely voluntary. That this release is limited to what I write above. If I would like [Program/Agency Name] to release information about me in the future, I will need to sign another written, time-limited release.
- That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from [Program/Agency Name].
- That [Program/Agency Name] and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

This release expires on Date _____ Time _____

Expiration should meet the needs of the victim, which is typically no more than 15-30 days, but may be shorter or longer.

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.

Date: _____ Signed: _____

SAMPLE CLIENT RIGHTS AND CONSENT TO RECEIVE SERVICES

ANYWHERE SEXUAL ASSAULT PROGRAM provides a wide range of services to anyone who has been impacted by sexual assault or abuse, recent or past. Our services are also available for family members and friends who have been affected.

ANYWHERE SEXUAL ASSAULT PROGRAM supports the rights of those affected by sexual assault or abuse to:

- be believed
- receive nonjudgmental support
- expect privacy and confidentiality
- accept or reject any service
- be treated with dignity and respect

ANYWHERE SEXUAL ASSAULT PROGRAM provides services regardless of race, color, national origin, ethnicity, gender, sexual orientation, age, social/economic status, marital status, pregnancy, veteran status, disability, and does not discriminate on any other basis prohibited by federal, state, or local law.

Confidentiality and Release of Information: Per RCW 5.60.060, a sexual assault advocate may not disclose information you have told the advocate in confidence without your consent, unless an exception applies. All information about you and the services you receive from ANYWHERE SEXUAL ASSAULT PROGRAM will remain confidential, with the exceptions stated on this form. Before we can communicate information about you and the services you have received to others, you (or your parent or guardian if you are a minor client or **adult client who has a guardian appointed to make personal decisions**) must sign a Release of Information form.

Mandatory Reporting: An exception to confidentiality occurs when we have reason to suspect a child or vulnerable adult is being abused or neglected (RCW 26.44.030 and RCW 74.34.035), in which case we must make a report to the appropriate protective services (Child Protective Services/Adult Protective Services) and/or law enforcement. ANYWHERE SEXUAL ASSAULT PROGRAM documents all mandated reports. (Vulnerable adults are defined according to RCW 74.34.020.).

Other Exceptions to Confidentiality: An exception to confidentiality may occur if failure to disclose confidential information is likely to result in a clear, imminent risk of serious physical injury or death of the victim or another person. ANYWHERE SEXUAL ASSAULT PROGRAM will go over its policy with you about when threats of harm are reportable.

Responding to Subpoenas: RCW 70.125.065, RCW 5.60.060, ANYWHERE SEXUAL ASSAULT PROGRAM's policies and funding requirements protect your records if requested as part of discovery in a case. In addition, we have a policy on responding to subpoenas. If ANYWHERE SEXUAL ASSAULT PROGRAM or its staff receives a subpoena for your information or records, we will make every attempt to notify you and will take all steps available to us to protect that information.

Access to Information: Only staff and volunteers (and their supervisors) involved directly in your case have access to information about you. We maintain brief client records, containing only demographic information and a record of the services provided to you. We use this information to file statistical reports with our funders, plan our programs, and evaluate our services. In the event data needs to be verified, funding agencies may review these records. Before being allowed to access the files, any person reviewing files will sign a confidentiality agreement.

Reviewing Your Own File: You have the right to review your own file. To do so, you must make a request in writing. You may then review your file in the presence of a staff person. If you wish to take a copy with you, you must make the request in writing to the Executive Director. Every attempt will be made to allow you access to your file as quickly as possible. ANYWHERE SEXUAL ASSAULT PROGRAM may need additional time to prepare your files or to make copies, but in no event will it take longer than ten working days to arrange access or copies of files. If there are a large number of copies, a nominal fee may be charged.

Retention and Maintenance of Files: Client files, when not in use, are kept in a locked cabinet or in password-protected electronic format. They are reasonably protected from fire, flood, theft, earthquakes, or other damage. Adult files will be kept for a minimum of six years from last billing cycle or as required by government contracts. Client records may be retained longer if (a) written request is received from the client or (b) the client is a minor in which case the client record will be retained until twelve years after the age of majority of the client or the last entry in the record, whichever occurs later. Purged files, as defined above, will be shredded.

Images and Public Appearances: We will not photograph or videotape clients. In addition, we will not compel you to participate in any public appearances. If you choose to participate in an event, we will ask you to sign a consent form. Photographs, audiotapes and/or video recordings of the event in which you are identifiable will not be taken or utilized without your written permission.

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

SAMPLE POLICY ON RECORD-KEEPING OF CLIENT FILES

All services provided by this Program are confidential. The Program recognizes the very personal and private nature of the information that may be shared by those dealing with the trauma of sexual assault. The Program is committed to honoring the choices of survivors and to provide services in a manner that facilitates client empowerment. The Program will take all necessary steps under this policy and Washington and federal law to preserve the privacy rights of those who receive its services, unless expressly authorized by the client to do otherwise.

All client-identifying records shall be generated based upon recognition that the client must be served by what is recorded. Records kept for the purpose of providing advocacy to sexual assault victims will contain minimal information specifically designed to provide continuity of services and supportive assistance. Factual information is only documented to the extent necessary to provide service.

Access to Records: The security of confidential files will be maintained. Access shall be limited to sexual assault advocates and counselors with a legitimate need to access such records who have signed the sexual assault program's confidentiality agreement. Original files will not be removed from the program's premises.

A client may request to review their record and may make or request a copy of anything in it. The program may charge the client a reasonable fee for the copying. The program has a right to ask for at least 24-hours' notice prior to making the file available to any client.

Auditors, funders or governmental oversight agencies should only request and have access to statistical information or data analysis from the program that does not identify survivors by name or circumstances that are personally identifiable. However, such officials, auditors, or agencies may require review of the underlying documents that support such data. If these documents do in fact contain confidential information or personally identifiable data, the program will limit the accessibility of these documents to as few individuals as possible and only allow access to them with a signed confidentiality agreement assuring that the confidentiality of such information will be maintained by the funder, auditor, or agency and will redact all personally identifiable information.

Editing/Alteration of Records: A client may request the correction or removal of any inaccurate, out-of-date, or incomplete information in their file and the client's request will be considered by the program. The file may be changed to reflect the client's request. If the program and the client do not agree on the accuracy of the proposed change, the difference of opinion will be noted in the file and the file will remain unchanged.

Retention & Destruction of Records: All client records will be stored in a secure, fire-resistant and locked location. Only sexual assault advocates and counselors who have signed a confidential agreement shall have access to them. Files will not be removed from the program's premises without written authorization of the executive director or program director.

The sexual assault program will keep and maintain confidential survivor files for a period of ____ years. (SUGGESTION: keep records between 7-10 years. ADDITIONAL SUGGESTED OPTION: "client records may be retained longer if (a) written request is received from the client or (b) the client is a minor in which case the client record will be retained until ten years after the age of majority of the client or the last entry in the record, whichever occurs later"). At that point, all records will be shredded and electronic records will be wiped.

In the event that the program ceases to operate, client files may be moved to a locked, fire resistant storage area maintained by _____ until the required time period has expired. Any requests for records after the WCSAP Accreditation Toolkit Updated 2022

agency has ceased operation will be processed through _____.

This example is not intended as legal advice nor does it provide legal advice. This sample policy may not address requirements of your specific jurisdiction or agency – consult with an attorney if you need specific legal advice.

SAMPLE PROCEDURE CLIENT RECORD SECURITY, MAINTENANCE, AND ACCESS TO FILES

No records or lists will be maintained where they may be seen or read by others that we serve, volunteers, or members of the community.

All CSAP personnel will have access to client records on a "need to know" basis.

All personnel will be continually reminded of the need to maintain confidentiality of records and will sign an agreement to maintain confidentiality.

Personnel must maintain awareness of the presence of others in the office. Discussions of clients must happen in a private office setting. Personnel will discuss clients in a professional manner.

Information about clients will not be given out over the telephone, in person, or via email, unless requested by a known individual that the client has authorized on a signed release of information. Personnel will respond with "CSAP policy does not permit us to give out that information." This includes requests about whether or not a person is being served by CSAP.

A signed Release of Information form must be on record to release any client information.

Statistics and data released by CSAP to state, federal, or other agencies will not include information that may identify the person.

If, for any reason, records are to be inspected by any authorized outside agency, the individual(s) must be specifically authorized by contractual agreement and must sign a confidentiality agreement. The taking of notes, copying, or removal of records is limited to contractual requirements.

Active files are kept in a locked, fireproof cabinet. After hours, the key to the client files will be kept locked in a separate cabinet. Records will be kept safe from loss, destruction, theft, and unauthorized use. Back-up documentation of basic information is securely maintained offsite or electronically.

Inactive files are kept locked in the CSAP filing cabinet for up to one year. Closed files are stored in a locked storage area. Files are destroyed on a schedule according to our Record-Keeping Policy.

In case of dissolution of the agency, records will be forwarded to successor agency. If there is not a successor, OCVA will be temporary depository for records until a successor is determined.

SAMPLE DIVERSITY, EQUITY, AND INCLUSION PLAN

OBJECTIVE 1: To increase awareness of anti-oppression and its applicability to services.

TASK: Provide at least 5 hours of anti-oppression training through our annual advocacy training for Board, staff, and volunteers.

TARGET DATE: Annually

PROGRESS: (7 completed in 2022 / _____ 2023 / _____ 2024 / _____ 2025)

STAFF RESPONSIBLE: Training Coordinator

MEASUREMENT: (hours provided and completed)

OBJECTIVE 2: To decrease barrier to services: stigma related to male sexual assault

TASK: Connect with male sexual assault technical assistance provider for outreach ideas

TARGET DATE: Jan. 2023

PROGRESS: (emailed 1 in 6, set up meeting with John from 1 in 6, phone call with John on 7/16/2022, report back to staff at meeting 8/5/2022)

STAFF RESPONSIBLE: Program Director

MEASUREMENT: (number of retreats)

OBJECTIVE 3: Maintain and increase working collaboration with tribal communities

TASK: The Executive Director or her designee will consult, a minimum of twice per year, with XX Tribe, YY Tribe, and ZZ Family Services and/or ZZ Tribal Court to foster collaboration and increase CSAP's ability to streamline access to advocacy services, resource, and/or housing needs for tribal members. Feedback and information gained via consultation will be shared at staff meetings and Board meetings.

TARGET DATE: Two times per year (by January 30 and June 30)

PROGRESS: (Documentation of Consultation / Documentation of Sharing Feedback with Staff / Documentation of Sharing Feedback with Board)

STAFF RESPONSIBLE: Executive Director

MEASUREMENT: (Number of contacts)

OBJECTIVE 4: Increase access to Limited English Proficient survivors.

TASK: Provide materials to the community that are culturally diverse particularly for our largest minority population

TARGET DATE: June 30, 2023

PROGRESS: (choose priority materials for translation, research translation, cost compare, send out for translation, distribute to community partners, etc.)

STAFF RESPONSIBLE: Program Director

MEASUREMENT: Number of translated client documents

OBJECTIVE 5: Ensure that staff, volunteers, and board are representative of the community at large.

TASK 1: Collect and analyze data of the diversity in our service area

TARGET DATE: Dec. 2023

PROGRESS: (pulled census data)

STAFF RESPONSIBLE: Associate Director

MEASUREMENT: (data)

TASK 2: Survey staff, board, and volunteers anonymously on diversity measures.

TARGET DATE: Dec. 2024

PROGRESS: (ED sent survey sent to each staff person, volunteer coordinator outreach to active volunteers, ED give paper form survey at Q3 board meeting)

STAFF RESPONSIBLE: Volunteer Coordinator and Executive Director

MEASUREMENT: (data)