Consent and Authorization for Release of Information

Date:* Client DOB:

Client First Name:* Client Last Name:*

Participant is hereby giving permission to Lutheran Community Services Northwest to a mutual exchange of information with the following entities/individuals:

- ❑ Licensed Medical Evaluators within Seattle Area Forensic Evaluation Network (SAFE Net) partnerships; University of Washington Student Asylum Clinic
- ❑ my attorney _____

Reason for releasing records: to facilitate and provide forensic psychological/medical evaluation

I authorize the release of: ❑ All of my information ❑ Other: only parts of my chart

If other, please specify the information authorized for release: _____

I understand I have the right to receive a copy of this Consent and Authorization form and that a copy will be placed in my file. I understand that I have the right to inspect or copy (which may be provided at a reasonable fee) the health information I have authorized to be used or disclosed by this Consent and Authorization form.

I understand that once LCSNW discloses my information, LCSNW cannot guarantee that the recipient will not re-disclose my information to a third party. Any such third parties may not be required to abide by this Consent and Authorization or applicable federal and state law governing the use and disclosure of my information. I understand that, except in limited circumstances, such as research-related treatment or treatment that is solely for the purpose of disclosing information to a third party, I am not required to sign this authorization in order to receive support services at LCSNW, nor will LCSNW condition my assistance on whether I execute this authorization.

I understand that I have the right to revoke this Authorization at any time by providing a written statement of revocation to LCSNW. I am aware that my revocation will not be effective until received by LCSNW and will not apply to the uses and/or disclosures of my information that LCSNW has made prior to receipt of my revocation statement.

I understand my records may contain sensitive information. I specifically authorize for the release of the following information:

❑ Addictions Treatment ❑ Mental Health ❑ HIV/AIDS ❑ STDs

This release will expire on (date): _____or when the following event occurs:_____

I understand that appointment reminders may be sent to me via text or email. Communications using standard e-mail systems or texting are not encrypted and are not inherently secure. Confidentiality of information transmitted this way cannot be assured. Messages may not reach the intended recipient. Messages can be lost in transmission, delayed or intercepted by an unintended party. Even if confidential information is not sent electronically, appointment reminders and other communication could identify you as affiliated with SAFE Net. When mobile devices are used to send or receive messages, there is a risk of theft or loss of the device. Even if the message is deleted from the device, backup copies may remain. Your mobile carrier may have additional charges for texting which SAFE Net will not be able to cover.

Knowing this, I give consent for SAFE Network and professional evaluators to send appointment details for the purposes of facilitating this evaluation.

❑ Email _____ ❑ Text (cell number) _____

LCSNW and SAFE Net, at times in partnership with academic research institutions, uses data to produce internal and external research. Our goals are to study the experiences of refugees, asylees, and people applying for asylum, to understand the mental and physical health impact of events related to asylum claims, pre-migration, during migration, and post-migration, to improve quality of services, and to promote the well-being of the populations we serve. This data will be stored in a de-identified format for use in current and future research projects. Data may also exist on backups and server logs beyond the timeframes of our current and future research projects. If you choose to allow your data to be used for research, it will not require any extra time or work on your part. We do not anticipate any risks from participating in research above and beyond the risk of participating in services at LCSNW or SAFE Net. Information from your chart that is used for research will be de-identified. De-identified data may be shared with the research community at large to advance science and health. We will remove or code any personal information that could identify you before files are shared with other researchers to ensure that, by current scientific standards and known methods, no one will be able to identify you from the information we share. Despite these measures, we cannot guarantee anonymity of your personal data. De-identified information may be used for future research without additional consent. There is no direct benefit to participants for this research, including no compensation, but indirect benefits include advancing the study and well-being of refugee, asylee, and asylum-seeking populations generally. Allowing us to use your data for research is voluntary. You may refuse to participate before accessing services, discontinue at any time, and skip any parts of the procedure you wish, with no penalty to you. You may still receive services from SAFE Net and LCSNW whether or not you consent for your data to be used in research. You are welcome to ask any questions related to research at LCSNW or SAFE Net now or later. If you have any questions later, you may contact us at evalnetteam@lcsnw.org.

Consent for research: ❑ I consent for my data to be used for research. ❑ I do not consent for my data to be used for research.

Signature of Participant or Authorized Representative* _____

Signed By (write name): _____ Relationship if other than client* _____

Was this form interpreted? Yes Not necessary No

If interpreted, please have interpreter sign the form here: _____