

Kinghaven Counseling Group, Inc. BIPP

CONSENT FOR RELEASE AND EXCHANGE OF INFORMATION
CONFIDENTIALITY LIMITATIONS

I understand that the staff of KCG BIPP will not keep confidential what I say or do in connection with my abusive and controlling behaviors while I am a member of the program.

I understand that through the duration of the program the staff of KCG BIPP may contact the person(s) to whom I have been violent for descriptions of the abusive and controlling behaviors I utilize. I agree to furnish any and all necessary information on past and or present partners as requested by program staff. I will cooperate completely and will not attempt to influence what past and/or present partners say about me.

Victim/Partner Name: _____
Address: _____
Phone # _____

I understand that it may be necessary for KCG BIPP staff to contact other individuals regarding my abusive and controlling behaviors and issues affecting my participation in the program. This could include the courts, community supervision, corrections officers, therapist, and others.

KCG BIPP staff has my permission to release and obtain any information concerning my behavior to/from the following persons:

In addition, I acknowledge that if at any time staff should determine that there is a probability of imminent danger to myself, or others, staff is required to take appropriate safety initiatives and notify individuals at risk and proper authorities as dictated by law. Section 611.004 (a) of the Texas Health and Safety Code). Chapter 611 of the Texas Health and Safety Code defines both the scope of and exceptions to the privilege of confidentiality. (See appendix C.) Reported or suspected incidents of child abuse or neglect, elder or disabled abuse or neglect will be reported to the Texas Department of Family and Protective Services (TDFPS). In addition, if my partner has accessed services through the victim services program of this agency, information about me may be available to the Health and Human Services Commission through the Integrated Tracking System (ITS).

I understand that any case records or other information regarding my participation in the program are subject to subpoena.

I will not bring suit nor hold liable KCG BIPP staff for acting in congruence with this contract.

Participant (Print Name)

Participant (Signature)

Witness

Date