



THE CENTER FOR FAMILY SAFETY AND HEALING ADVOCATE PROGRAM DESCRIPTION AND CLIENT RIGHTS

I understand that a Center for Family Safety and Healing advocate will provide me with linkage to referrals and resources, domestic violence education and information, safety planning, crisis intervention and support. In the case that I am in need of individual counseling or therapy, the advocate will provide an appropriate referral to a qualified licensed therapist.

I have been informed by a Center for Family Safety and Healing advocate that: Confidentiality is a right of every Center for Family Safety and Healing client. Any information shared by a client is considered confidential unless that client provides written consent to a release of information by the advocate. I am aware that state and/or federal laws and regulations require mandated reporting or other action by an advocate in the case of:

- Suspected and/or substantiated child abuse or neglect
- Elder abuse and the abuse of any individual who is identified as intellectually challenged
- Explicit homicidal intent has been disclosed or
- Disclosure of suicidal ideation or intent, in order to protect the individual from self-harm

- Additionally, if my child(ren) is/are treated at Nationwide Children's Hospital, I give my advocate at The Center for Family Safety and Healing permission to share family violence information relevant to my child(ren) to medical providers.
- No, I do not wish to give consent for my advocate to share family violence information with Nationwide Children's Hospital medical staff at this time.
- N/A, my child(ren) is/are grown.
- N/A, I do not have children.

Client Signature

Date

Print Client Name

Advocate Signature

Date

Client ID: _____

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