

VICTIM SERVICES POLICIES & INFORMATION

Confidentiality: All sessions and records are strictly confidential with a few exceptions. State law requires us to report threats of violence to self or others, or child abuse and neglect (from evidence or suspicion). We may also be required to break confidentiality if your information is subpoenaed or court- ordered by a judge. If you have any questions or concerns about this policy, don't hesitate to ask a staff member.

Risks and Limitations: As you begin your hope and healing process, please be aware that there is potential for emotional strains, stresses, and life changes as a result of receiving services. Depending on your individual issues, you may remember unpleasant events and experience difficult or intense emotions. Symptoms may be intensified or new information may surface. Safe Alliance cannot guarantee any particular results or outcomes from the process, but we are committed to helping you find hope and healing.

Fees: There are no fees for victim services through Safe Alliance, including advocacy, court accompaniment. Our Domestic Violence Shelter also offers services to victims at no cost. If you decide to use our counseling services there may be a fee. We can give you more information at your request.

Privacy Policy: Federal and state law gives Safe Alliance permission to use or disclose your personal health information (PHI) for the purposes of carrying out treatment, obtaining payment, and/or conducting agency operations. There is an exception: for treatment related to substance abuse and/or HIV, we must have your authorization before using or disclosing PHI. To learn more about client rights and how Safe Alliance may use or disclose your PHI, please read our full Notice of Privacy Practices. You may request a paper copy of our Privacy Practices for your records from our front desk staff. Alternatively, you can find our Privacy Practices online at www.safealliance.org.

No Weapons Policy: While we understand that you are concerned for your safety, Safe Alliance has a strict No Weapons policy. **Please <u>DO NOT bring weapons into our offices</u>**. This includes any gun or firearm, knife, box cutter, Taser, or any other object that could be used as a weapon. Because we must provide safety for other clients and ourselves, any client carrying a weapon will be asked to leave the property. We will continue providing services if you decide to return without a weapon.

Safe Alliance operates four crisis hotlines: Mecklenburg – 704-375-9900 (Rape Crisis) and 704-332-2513 (Domestic Violence); Cabarrus – 704-721-0110 (Rape Crisis) and Union – 704-283-7770 (Rape Crisis). If you have a mental health crisis, you can call Cardinal Innovations in Union or Cabarrus counties (1-800-939-5911), MeckLINK Behavioral Healthcare in Mecklenburg County (704-336-6404), or Partners Behavioral Health Management in Iredell County (1-800-235-4673). You may also call our Protocol Answering Service (1-800-345-0441).



ACKNOWLEDGEMENT OF UNDERSTANDING & CONSENT TO RECEIVE SERVICES

- I understand what is expected of me as a client of Safe Alliance.
- I have reviewed Safe Alliance's No Weapons policy and will not bring weapons of any kind onto the property.
- I have the capacity to consent to receive my own services and/or to the services for family members of whom I am the parent or guardian.
- I understand the ways in which I can submit complaints and formal grievances.
- I understand the reasons for which my information may be shared without my permission.
- I agree to be contacted for follow-up calls. I agree to receive calls after I have discontinued services to share information about my condition and satisfaction with services. It is my responsibility to inform Safe Alliance, in writing, if I want to change how I am contacted.

*Please of YES	ircle NO			e can assist you with while receiving services fronce in the control of the contr	
-		-	n. If you are un	g for services, please check off the basis for you sure what documentation is required, don't hes Guardianship Order (attach copy) Other:	•
use or dis	close ity to	my personal health	information.	Practices and understand the reasons Saf I have read Safe Alliance's policies and b dicates that I understand and agree to	een given th
Client Signa	ture		 Date	Signature of Legally Responsible Person	Date
Other Clien	t Signa	ature	Date		
Other Clien	t Signa	ature	Date	Staff Signature	Date