

Victim / Partner Confidentiality Waiver

I, Julie Lary, waive the confidentiality of the information described below that I am providing to the victim liaison or other staff member of Family Services' Domestic Violence Intervention Program. I authorize Family Services to use this information at the discretion of its staff for the purpose of treating Michael La Ross.

I am providing this information with the understanding that Family Services is not my therapist, counselor, or advocate.

The information that I authorize Family Services to use is (describe in detail):

1. Michael is still having fits of anger in which he is verbally abusive & physically violent towards himself and my property.

2. Michael stole a bottle of my mother's xanax and took some & tried to sell them. He lied to me about this and denied it till I finally got him to admit it.

3. Michael is using pills and recently using marijuana. He is lying about this as well.

4. Michael is refusing to accept my choice to end the relationship and trying to make me feel guilty about my choice & refusing to find alternative housing.

I have attached _____ (#) of additional pages. _____ (initial)

I understand that Family Services' use of this information may raise safety concerns for my children (if any) and me. I have a safety plan in place for my children (if any) and me.

I further understand that I may revoke this waiver at any time except to the extent that Family Services has relied upon it to make a disclosure. To revoke this waiver, I must provide written notice to Family Services.

Julie Lary
Signature

2/9/10
Date