As a client of the Tribal Victim Assistance Program (hereinafter referred to as the Program) you have the following rights regarding the confidentiality of your personal information and communications with Program staff:

1. The information that you provide to the Program will be kept confidential to the greatest extent allowed by law.
2. You may choose what information you want to provide to the Program and you will not be denied access to services if you choose to not provide certain identifying information.
3. The information that you provide to the Program, including your name, address, phone number, and other personal information will not be shared with other individuals or agencies without your permission.
4. Program staff are mandated reporters and may be required by law, under W&IC 11165.7 and W&IC 15630, to report certain situations. Mandated reporting situations include suspected child abuse and/or neglect, suspected elder or dependent adult abuse and/or neglect, and threats to harm yourself or someone else. Program staff and advocates will inform you of any reporting requirements prior to having conversations with you.
5. Some general information about the types of services provided and overall demographics (e.g. age and income ranges, average number of children, ethnicities) of people accessing Program services must be shared with the agencies that fund the Program. However, information that specifically could identify you will never be shared unless specifically authorized in writing.
6. If you have any questions or concerns about your rights to confidentiality, please contact the Social Services Manager at (707) 825-2708.

*I agree to indemnify and hold harmless the Cher-Ae-Heights Indian Community of the Trinidad Rancheria, and any of its employees either in their official capacity or as individuals, from any loss, damage, or cost that may incur for actions undertaken within the scope of authority.*

*With this signature, I am signifying that an advocate has provided me with a copy of this document, has explained this document to the best of their ability and has answered all of my questions.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Name (Print) Client Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advocate Initials Advocate Signature Date