

## Disclosure of Limitations of Confidentiality

**Due to the need to ensure safety and cooperation with courts, confidentiality is limited in concern to your participation in this program.**

**I understand that the following may be exchanged at the discretion of staff to “related agencies” listed below involved in the Community Response to domestic violence.**

1. Assessment findings
2. My attendance
3. Any use of violence or threats
4. Reasons for suspension or termination
5. Recommendations regarding changes in counseling
6. Completion of the program
7. Risk factors or other concerns

Related agencies may include:

- **Court (Municipal, District, etc.)**
- **Court officers (probation, parole, community corrections, etc.)**
- **Department for Children and Families (DCF)**
- **Kansas Department of Corrections (Juvenile, Adult Services)**
- **Prosecuting Attorney and Staff (County, District, Municipal, etc.)**
- **Private agency staff (Family Preservation, Kaw Valley Center, St. Francis, Kansas Children’s Service League, etc.)**
- **Domestic Violence Advocacy program**
- **Law Enforcement Agencies (Police, Sheriff, etc.)**
- **Other** \_\_\_\_\_
- **Other** \_\_\_\_\_

**Additionally, I understand that this information may be exchanged with any victim, partner, and previous partners both for the purposes of assessment and safety planning for myself and my victim/partner.**

**I understand that my case file and records may be reviewed by the Office of the Attorney General staff for the purposes of certifying the BIP program and understand that this could occur during and after my completion of this program.**

\_\_\_\_\_  
*Participant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Staff*

\_\_\_\_\_  
*Date*