

## RCNI CLIENT CONSENT FORM

### CONFIDENTIALITY

I understand that anything I say to a Rape Crisis Centre staff member or volunteer will be confidential and will not be disclosed to anyone else outside of the Rape Crisis Centre with the following exceptions:

- If RCC personnel determine that I have an intention to kill myself or to seriously harm myself, the RCC person I am working with will discuss with me who is my preferred person to contact. If that person cannot be contacted, the RCC will inform the appropriate authorities.
- If RCC personnel determine that I have an intention to kill someone else or seriously harm someone else, the RCC will inform the appropriate authorities.
- If I disclose information that anyone under the age of 18 is currently being abused or any person under the age of 18 is currently at risk of being abused, the RCC is required to inform the HSE.
- If the Rape Crisis Centre is required by the Court or other legal obligation to hand over records.
- Only information which does not reveal my name or any contact information is entered into the National Statistics Database.
- If I am participating in counselling, only information which does not identify me will be discussed with my counsellor's clinical supervisor.

I understand the confidentiality that is being offered to me.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (if under age of 18 and  
not Gillick competent)

\_\_\_\_\_  
Date

\_\_\_\_\_  
RCC Staff Member or Volunteer

\_\_\_\_\_  
Date