



Diocese of Grand Island Victim Assistance Ministry
Child Protection Office
2708 Old Fair Road
Grand Island, NE 68803

Authorization to Release Information

I, _____, _____, authorize the sharing of verbal information
Participant or Legal Representative Date of Birth

regarding _____, _____; between the Diocese of Grand Island
Participant Date of Birth

Victim Assistance Ministry and _____
Referring Diocese or Treatment Provider

Address City State Zip

Phone Email

for the purpose of referral and crisis response from _____ through the duration of The Way
Today's Date
Healing Retreat, October 1-3, 2021.

Information to be shared by the Diocese of Grand
Island Victim Assistance Ministry will include:

- Receipt of Registration
- Goals, format, and content of The Way Healing Retreat
- Content of Discernment Tool and phone interview.
- Acknowledgement of presence at retreat.
- Mental status observations and request for Crisis Intervention, if needed.

Information to be shared by the Referring Diocese or
Treatment Provider will include:

- Referral Information
- Provider recommendations regarding participation in The Way Healing Retreat.
- Current Mental Status
- Safety Planning and Crisis Intervention, if needed.

Participant Signature

Date

OR

Legal Representative Signature

Date

Relationship to Participant