



## Information Acknowledgement Form

### Video Documentation

I understand that the interview of myself/my child will be audio/video documented. I understand that this video will be shared with members of our multidisciplinary team, including but not limited to the law enforcement agency with jurisdiction, Department of Children and Family Services, and State's Attorney's Office. In any case in which the materials are used for any purpose other than an investigation that involves the subject child, no information that might identify the child shall be disclosed.

### Multidisciplinary Team

I understand that the Turning Point Child Advocacy Center collaborates and discusses information regarding myself/my child's case with the agencies listed below throughout the investigation of my/my child's case. I understand that the Turning Point Child Advocacy Center uses any information received from other agencies or myself for the purpose of coordinating services, support, or advocacy for myself/my child. The multidisciplinary team meets regularly to review each child's case. All information shared within the team is kept strictly confidential among team members.

Law Enforcement Agency: \_\_\_\_\_

Department of Child and Family Services: \_\_\_\_\_

States Attorney's Office: \_\_\_\_\_

Pediatric Resource Center

Monarch Trauma Counseling Center

## Client Rights

I understand that my child and I have the following rights:

1. The right to view the case file located at the CAC.
2. The right to obtain CAC services regardless of race, religion, gender, socioeconomic status, mental and/or physical disabilities. If you believe you have been discriminated against, you may file a complaint with the Illinois Criminal Justice Information Authority. Complaint forms can be found at [www.icjia.state.il.us](http://www.icjia.state.il.us) or by contacting the Authority's Civil Rights Officer at (312) 793-8550.
3. The right to be made aware of all services provided by the CAC and the right to accept or decline services at any time, unless otherwise indicated by the Judicial System. Services may include, but are not limited to advocacy, referrals for trauma-informed mental health treatment, referrals for medical evaluation, emotional support, transportation to abuse related appointments. I understand that there will be no charge for Turning Point Child Advocacy services.
4. The right to be treated with respect and be valued as an important person.
5. The right to complete confidentiality. No client identifiable information is shared without the client's written consent. Exceptions occur: a) when there is a court order requiring the release of information; b) when there is a life-threatening emergency justifying the release of information needed for the care of the client; c) when there is child abuse, which requires reporting.

**I also understand that other families attend the CAC for various reasons, so I promise to keep anything I see or hear at the CAC confidential.**

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Parent/Guardian Signature

Date

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Client's Signature (over 12 years of age)

Date

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Witness Signature

Date