



AmI OK Professional Disclosure & Services Contract

Welcome to the AmI OK program. We deeply appreciate your willingness to come to us for assistance. This document contains important information about our professional services and business policies. Please read it carefully and jot down any questions you may have so that you can discuss them with your provider.

ABOUT US:

The AmI OK program provides immediate support for students if they have experienced a violent crime. We understand that if we are working with you, that this is a very difficult and personal time in your life. We are here to do whatever we can to make sure you are OK after a violent crime or sexual assault. While we work to ensure that crime and power based violence never occurs; the AmI OK program's goal is to close the gaps in care/support for victims of violent crime on campus, as well as offer services and immediate care following crime as well as ongoing support to victims and their loved ones.

WHAT WE DO:

- We offer confidential medical assessment and triage, and appropriate nursing care
- An explanation of all of your options medically, legal next steps, as well as options for counseling and aftercare support. Depending on what course of action you choose, we will help coordinate that care with providers with your consent.
- We can provide accompanied transportation to the hospital for a forensic evaluation and treatment should you choose to do so.
- We will always maintain your confidentiality and privacy as allowable by law. While we will provide you with all the available options for care and will explain and provide information for all potential next steps, what you decide to do is always your decision. Your choice(s) will always be respected and supported by AmI OK staff.

YOUR RIGHTS AND CONFIDENTIALITY:

You have the right to withdraw from participation at any time. You also have a right to confidentiality with some exceptions, which are required by the State of New Jersey. These laws require the reporting of child abuse, and elder abuse. We must report when people are a danger to themselves or others and have a duty to warn if there is imminent threat against others as well as notify local authorities. There are times when we would legally need to break confidentiality and that is:

- if you are a minor (under the age of 18 years old)
- if you or anyone on campus is in danger
- there is a weapon on campus
- serious bodily injury has occurred (such as gunshot wound, stab wound, etc.,)

The Advanced Practice Nurse would not need to disclose specific identifying information of a victim to campus police if they prefer to remain confidential, but the Advance Practice Nurses are required to report the perpetrator location, weapon, and other information to campus police. ***Once information regarding the crime is taken off campus***



(hospital, forensic exam, police, etc.,) then that is when our ability to maintain confidentiality ends.

COORDINATION OF CARE:

It is often helpful and necessary to coordinate care with other campus and off-campus resources (e.g. MHS, AVI, CIW, Title IX, Student Health Services, Campus Police, Dean of Students Office, Disability Services, Womens Space, etc.,) to ensure quality treatment and coordinate your care. A separate, signed release of information is required to share private information.

MINORS:

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records (there are a few exceptions). It is our policy to request an agreement from parents that they will give up access to your records. If they agree, we will provide them only with general information about our work together, unless we feel there is a high risk that you will harm yourself or someone else. In this case, we will notify them of our concern. If requested, we are obligated to provide them with a summary of your treatment when it is complete. Before giving them any information, we will discuss the matter with you, if possible, and do our best to address any concerns you may have.

WHAT TO EXPECT:

Depending on your individual needs and the course of action you choose, please keep the following information in mind.

- While our goal is to always help ensure you are “OK,” seeing our providers and clinicians to discuss a personal traumatic event can be difficult. It is normal during the healing process to potentially feel worse before it gets better.
- You may need to attend multiple appointments and sign multiple forms depending on what support you are requesting. While it may be tedious, the process may be necessary to ensure you are OK.
- You are in control of every step of this process and in charge of all your choices and decisions within the legal parameters described above. We are here to partner with you and support you in making informed decisions that are right for you at a pace that is comfortable to you.
- We expect you will have many questions and may need information repeated or clarified. Please do not hesitate to stop us and ask questions. We are happy to repeat any information as many times as necessary until you understand and feel comfortable.
- We will not proceed with any stage of the assessment/process unless you are comfortable (or it is required by law as outlined above.)



HOW YOUR INFORMATION IS USED:

Non-identified information (*name, date of birth, ID number, etc., all removed*) will become part of a written document to be submitted to the state as a part of grant funding requirements, which will allow us to continue to offer this service and expand support to those who are a victim of a crime. Your name, and personal identifying information will not be shared with anyone outside of the AmIOK program, without your express written consent.

I understand that my participation is completely voluntary. I understand the risks involved and that I can withdraw my participation at any time. I understand that my privacy and confidentiality will be respected as allowable by law.

Signature: _____

PrintName: _____

Date: _____

Witness Signature: _____

Date: _____

