

**Rape and Domestic Violence Information Center
Batterer's Intervention and Prevention Program**

Victim Information Sheet/ Consent for Disclosure to Victim

Client Name: _____ Date of Birth: _____

As a requirement of participation in the BIPP Program, you are required to disclose the name and contact information of the alleged victim of the incident that you brought you here:

Victim Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Primary Language Spoken: English _____ Spanish _____ Other _____

Are you still in a relationship with the victim? Yes _____ No _____

If you do **not** know the victim's information, please read and sign the following:

I acknowledge that I do NOT know or have access to the mailing address or telephone number of the victim I listed above, and I do not have any other contact information for them.

Signature of Client

Date

Please initial next to each statement once you have read it:

_____ I understand that, as a condition of my participation in this program, I am required to sign this consent for certain information to be released to the victim named above. This information includes my start date, my exit date, and information on the program length and requirements.

_____ I understand that by signing this form I am consenting for the above information to be released to the victim that I have listed.

_____ I understand that no other information will be released to the victim without my specific consent.

_____ I understand that the victim may disclose information to the BIPP Program, but at no time will that information be released to me.

Signature of Client

Date

Signature of Agency Representative

Date

**Rape and Domestic Violence Information Center
Batterer's Intervention and Prevention Program
Confidentiality Policy and Release of Information**

Client Name: _____ Date of Birth: _____

Confidentiality and Records Policy:

Confidentiality is defined as keeping private the information you share with your facilitator. A summary of our communication may become part of the clinical record that we retain. HDNBC personnel may access your records for data collection, case staffing, joint case management, or clinical supervision. All staff members are required to respect the privacy of your records. A statement signed by you is required before any information may be released to entities outside Hope's Door New Beginning Center with the following exceptions:

1. As required for your participation in the program, specifically a release for the victim and for the Texas Department of Criminal Justice.
2. If it is determined that you are a danger to yourself or others
3. A court of law subpoenas your records
4. You disclose a previous mental health professional has been sexually exploitative or inappropriate with you
5. Any instances of suspected or confirmed child/elder abuser or neglect, which are required to be reported by law in accordance with HHSC rules and regulations.

With the exception of the above instances, you have the right to refuse the release of information to other individuals or agencies, however your refusal may place you in non-compliance with the BIPP Program rules. You will be notified if this is the case.

As a condition of your participation, you are required to keep confidential any information that you learn about other clients who are receiving services from this agency.

Release of Information to Texas Department of Criminal Justice-CJAD:

As a condition of your participation in this program, and as a requirement in accordance with TDCJ-CJAD guidelines, you are required to consent to disclosure of your information to TDCJ-CJAD. This information is released primarily for the purpose of program assessment and other research projects performed by TDCJ and specific information is not released to the public.

Release of Information to Referral Source:

Please check the referral source:

_____ Parole _____ Probation _____ District/County Court _____ DFPS (CPS)

_____ Your attorney Name of attorney (if applicable): _____

_____ District Attorney's Office (Select: Dallas or Collin)

**Rape and Domestic Violence Information Center
Batterer's Intervention and Prevention Program**

Please initial next to each statement once you have read it:

_____ I understand that the BIPP Program staff will contact my referral source to provide updates on my behalf.

_____ I understand that the information is limited to my attendance, participation, information exchange, coordination of services and referrals.

_____ I understand that if I wish for BIPP Program staff to provide other information, then I will need to notify staff in writing of my request.

_____ I understand that I may revoke this consent at any time and that my request for revocation must be in writing. If not earlier revoked, this consent for disclosure of information shall expire 30 days after my completion of or termination from the BIPP Program.

_____ I understand my right to confidentiality. I further understand that this consent form gives BIPP Program staff permission to share confidential information about me in the way described above.

Signature of Client

Date

Signature of Agency Representative

Date

**Rape and Domestic Violence Information Center
Batterer's Intervention and Prevention Program**

Client Participation Agreement

Client Name: _____ Date of Birth: _____

1. I agree or have agreed to attend 24 education groups (1 ½ hours a week) and 1 individual exit session at HDNBC BIPP Program at one of the following locations:
 - a. 808 W. Avenue A, Garland, Texas 75040
 - b. 860 F. Avenue, Plano, Texas 75074
 - c. 1010 N. Cadiz Street, Dallas, Texas (Parole Building)
 - d. McKinney Hospital

Beginning _____ from _____ to _____.
(Date & Day of the week) (Start Time) (End Time)

2. I understand that a requirement for participation in the HDNBC BIPP Program includes talking about my use of violence and/or abusive behavior and accepting responsibility for it.
3. I understand and agree to contact HDNBC if I will be absent and I must make up and pay for any missed groups. I understand and agree that if I receive the DA grant, that grant will not cover any cost of I am absent, and that I am responsible for the full payment of group.
4. I understand and agree that during the duration of the program I can only incur 5 absences (including absences based on non-payment). I also understand and agree that on the 5th absence I will be automatically dismissed and all referral sources will be notified.
5. I understand and agree that I must pay for each session at the beginning of group or I may pay for all 24 group sessions at one time. I also understand that if I do not pay the FULL group fee, I will not be allowed to stay in the group. I also understand and agree that this will count as an absence.
6. I understand and agree that HDNBC BIPP staff will contact my victim and/or partner to obtain a history of abuse and provide information about the HDNBC resources that are available. They will be provided with our contact information so that they can receive updates. They may also be contacted periodically by staff and will be informed of my completion or dismissal from the BIPP Program.
7. I understand and agree that on or about the 12th week of my group session, there will be a review session of my progress in the Battering Intervention Program.
8. I understand and agree that my financial obligation for Intake/Orientation is \$50. I understand that this is a one-time fee and is not counted towards my group sessions. I understand that I must pay the full amount at the time of Intake and Orientation. If I receive the DA grant my intake/orientation fee will be \$35.00.
9. I understand and agree that after intake and orientation, I am assigned and agree to a specific group time and day each week. I understand and agree that if I do not show up for the first group that I will be automatically dropped from the program. If I come back within 30 days, I will have to pay the applicable fee of \$25.00. However, if it is more than 30 days, I will have to go through another intake and orientation and pay the full price of (\$50). Therefore, it is strongly encouraged that you do not miss the first group.

**Rape and Domestic Violence Information Center
Batterer's Intervention and Prevention Program**

10. I understand and agree that my financial obligation is \$30.00 for each week for 24 weeks after the above start date if I do not receive the DA grant.
11. I understand and agree that if I receive financial assistance (DA grant) that my financial obligation will be \$15.00 per group for 24 weeks.
12. I understand and agree that financial consequences are one way that I am being held accountable for my abuse.
13. If I am hospitalized, I understand and agree that proof of hospitalization may result in an alternative absence schedule. I understand and agree that my being hospitalized and having proof (i.e. admittance and discharge papers) of said hospitalization is the only way to be Re-instated into the program.
14. I understand and agree that if, after being dismissed from BIPP, if allowed by the program to re-start, I will re-start from week #1, regardless of the number of weeks I had when dismissed.
15. I understand and agree that any reports of abuse, are grounds for automatic dismissal from New Beginning Center BIPP. I also understand and agree to follow federal firearm restrictions related to domestic violence offenses.
16. I understand and agree to notify Hope's Door New Beginning Center BIPP of any change of address or phone number.
17. I understand and agree to not disclose information disclosed in group outside of the group setting.
18. I understand and agree that I am not allowed to record (via phone, recorder or any other electronic device) any group meetings, individual meetings, or any other meetings. This would result in an automatic dismissal.
19. I understand and agree that I must follow the Group Rules and comply with the Dress Code. If I violate these rules I can be asked to leave a group session or dismissed from the program.
20. I understand that I may be exited from the program, before completion, for any of the following additional reasons:
 - a. Continued violent or abusive behaviors
 - b. Violation of any condition of probation or parole
 - c. Non-compliance with participant obligations or other written agreements.
 - d. Non-compliance of fee requirements
 - e. Violation of Group Rules
- 21. I AGREE NOT TO BE VIOLENT WITH ANY PERSON DURING MY PARTICIPATION IN BIPP**

By signing below, I indicate that I have read and understand the BIPP Client Participation Agreement. I also understand that if I violate this agreement, I may be asked to leave a group session and/or be exited from the program.

Signature of Client

Date

Signature of Agency Representative

Date

**Rape and Domestic Violence Information Center
Batterer’s Intervention and Prevention Program**

Program Obligations and Consent for Treatment

Client Name: _____ Date of Birth: _____

Hope’s Door New Beginning Center is a non-profit organization that provides services to victims and perpetrators of domestic violence.

Hope’s Door New Beginning center BIPP Program agrees to the following:

1. To provide services in a manner that I can understand.
2. To provide me with a copy of written agreements.
3. To notify me of changes in group times and/or schedules.
4. To comply with anti-discrimination laws.
5. To make monthly reports to my referral source regarding my participation in the BIPP Program.
6. To treat me in a way that is fair.

Staff Qualifications:

The staff providing the above services include counselors, social workers, interns, and other staff. Counseling services and group sessions will be provided by counselors who have a bachelors or masters degree in counseling, psychology, social work or a related field. Services may also be provided by an intern completing his or her course of work, under the supervision of a licenses professional.

CONSENT FOR TREATMENT

I understand Hope’s Door New Beginning Center’s Battering Intervention and Prevention Program obligations as stated above and consent to receive services:

Signature of Client

Date

Signature of Agency Representative

Date

**Rape and Domestic Violence Information Center
Batterer’s Intervention and Prevention Program**

Group Rules and Dress Code

Client Name: _____ Date of Birth: _____

The following are the rules I will follow for each Group Session:

1. I will remain nonviolent and not use threats while involved with Hope’s Door New Beginning Center BIPP Program.
2. I will come to class free of influence of alcohol or illegal drugs.
3. I will avoid using racist or sexist language.
4. I will participate in class discussions and cooperate with BIPP staff/facilitators
5. I will come to class on time and stay until the end of class.
6. I will accept responsibility for my actions. I will focus on myself.
7. I will refer to my partner or ex-partner by his/her first name (Mary not the “old lady”, “baby mama”).
8. I will keep names and personal information I hear in class confidential.
9. I will turn cell phones off during group time.
10. I will comply with the Dress Code:
 - a. I will be well groomed at all times.
 - b. I will not wear clothing and/or paraphernalia that may be degrading or offensive to other members of the group.
 - c. I will not wear clothing that is too revealing.
 - d. All offensive tattoos must be covered at all times.
 - e. Male clients will remove hats while in the building.

By signing below, I indicate that I have read and understand the BIPP Group Rules and the Dress Code. I also understand that if I violate these rules, I may be asked to leave a group session and/or be exited from the program.

Signature of Client

Date

Signature of Agency Representative

Date

CLIENT GRIEVANCE POLICY

Hope's Door/New Beginning Center (HDNBC) is committed to providing the highest quality of services to all persons whose lives are affected by domestic violence. If a person receiving services at HDNBC is not satisfied with the services being provided or experiences a situation that cannot be resolved satisfactorily between themselves and a staff person, volunteer, or intern, he or she will be provided the opportunity to initiate a grievance with HDNBC and the Texas of Health and Human Services Commission (HHSC) to further assist him or her in resolving the matter.

CLIENT GRIEVANCE PROCEDURE:

The following procedure should be implemented by the Program Participant:

1. Discuss the matter with the staff, volunteer, intern or representative of the agency to seek a satisfactory resolution.
2. In the event that a satisfactory resolution cannot be achieved, the Program Participant shall make an appointment with the Manager in the program where services are being received.
3. If a conference between the Program Participant and the Manager of the program does not achieve resolution the client shall make an appointment with the Director of Client Services for further discussion.
4. If no resolution has been reached, the Program Participant may then schedule an appointment with the Chief Executive Officer of the Agency.
5. If the steps taken above fail to achieve satisfactory resolution of the matter, the Program Participant may request a conference to present the matter to the Personnel Committee of the Board of Directors.

All Program Participant grievances should be documented by the Director of Client Services where services have been provided and kept for record. A copy of this grievance should be submitted to the Director of Client Services and the Chief Executive Officer.

Each step of the outlined procedure should be carried out within a period of five working days with the exception of appointments with the Chief Executive Officer and the Personnel Committee which will be scheduled in a timely manner as these parties are available.

In addition to an oral conference throughout this process, the Program Participant shall submit in writing a statement of the grievance issue to the Director of Client Services where services are being received. The information below is provided in the event the Program Participant finds it necessary to file a grievance with the HHSC and/or the counselor's licensing board.

Texas Health and Human Services Commission
4900 North Lamar Blvd.
Austin, Texas 78871-2316
512 424 6500
TDD 512 424 6597

If your counselor is a Licensed Professional Counselor (LPC) contact:
Texas State Board of Examiners of Professional Counselors
Mail Code 1982
P.O. Box 149347
Austin, Texas 78714-9347
1-800-942-5540

If your counselor is a Licensed Social Worker (LMSW) contact:
Texas State Board of Social Work Examiners
Mail Code 1982
P.O. Box 149347
Austin , Texas 78714-9347
1-800-232-3162

CLIENT GRIEVANCE POLICY

I _____, have received and read a copy of Rape and Domestic Violence Information Center, Inc. Grievance Policy. The grievance policy was explained to me, and I understand that I may file a grievance if I feel I have been treated unfairly or in a less than supportive manner during my time of services at RDVIC.

Signature of Client or Managing Conservator

Date

Agency Representative Signature

Date

**Rape and Domestic Violence Information Center
Batterer's Intervention and Prevention Program**

Acknowledgement of Receipt of Documents

Client Name: _____ Date of Birth: _____

Please initial next to each paragraph once you have read it and to confirm your receipt of the named document:

_____ 1. I have received a copy of the Victim Information Sheet/Consent for Disclosure to Victim form. I have filled it out as completely as I can.

_____ 2. I have a received a copy of the Confidentiality Policy and Release of Information. I have signed the policy and filled out the release.

_____ 3. I have a received a copy of the Client Participation Agreement. I have signed and agreed to follow the agreement.

_____ 4. I have received a copy of the Program Obligations and Consent for Treatment form. I have signed the consent.

_____ 5. I have received a copy of the Group Rules and Dress Code. I have agreed to follow them.

_____ 6. I have received a copy of the RDVIC Client Grievance Policy.

Signature of Client

Date

Signature of Agency Representative

Date