SART Case Review Release

The purpose of the SART Case Review process is to ensure that sexual assault cases are handled in a way that promotes our mission. The mission of the Sexual Assault Response Team (S.A.R.T.) is to promote a systemic response that holds sexual offenders accountable and fosters a community sensitive to the needs of sexual assault survivors. This will be done through the collaborative and coordinated multidisciplinary response of the agencies and organizations that work with sexual assault survivors in

The SART team members include law enforcement, assistant district attorneys, sexual assault nurses, correctional facility members and sexual assault advocates.

Below are the benefits and drawbacks of releasing information to the SART team for the victim/survivor and their family.

- **Benefits** - If a counselor or advocate shares pertinent information with the SART team, this communication can improve the services provided to the victim/survivor and to any future victims/survivors of sexual assault throughout the system. Sharing information can also give the victim/survivor a voice to give feedback on the investigation and his/her treatment during the investigation, which can be healing for some victims/survivors.

- **Drawbacks** - The SART team will know that the victim/survivor received services from the advocacy agency. In addition, although the SART team members who attend the case review meeting are required to sign the attached confidentiality agreement, the agreed upon information will be shared with the SART team members, and there is no guarantee that the other SART team members will maintain confidentiality. In addition, when the victim/survivor gives consent to release information, it is possible that this information could be used against the victim/survivor in a court proceeding. The advocacy agency will only release the information listed on the release form to the specific SART team members. The victim/survivor can withdraw his or her consent to release the information at any time and this will be honored. However, this will only apply to the extent that information has not already been shared.

I agree to have my information discussed at the SART meeting:_________________

I decline to have my information discussed at the SART meeting_________________

Date__________________________expiration Date:__________________________

Client’s Signature____________________________________________________

Advocate/Counselor______________________________________________