



HIPAA Privacy & Security Disclosure
The Wild Oracle Collective
Advocacy Team
Terms & Conditions

I, _____, understand that I am sharing my Survival Story and any related details about my own story for the following reasons;

- Therapeutic Processing
- Advocating For Other Survivors
- Creating Awareness For Survivors, Law Enforcement, Justice System-involved Individuals, & Our Community At Large

I understand that I am sharing my story completely on my own accord; I have not been promised any monetary compensation or goods or services in exchange for sharing my story.

I also agree to the following HIPAA Privacy & Security Standards that are both covered by State & Federal Law(s).

First & Last Name: _____

I, _____ understand and agree to the following statements, on this date of, _____.

- I understand that I cannot share the names or any potential “Identifying Information” of any minors related to my story, whatsoever, (even if they are no longer a minor), and I agree to protect their PROTECTED HEALTH INFORMATION, under all circumstances.
- I understand that I cannot share any PERSONALLY IDENTIFIABLE INFORMATION of anyone other than myself when it comes to my Story;
 - For Example; Instead of sharing the name of my perpetrator or others involved in my story, I can use words like, “my abuser” or “my child”. Use general statements and vocabulary to ensure that I am not violating anyone’s Privacy Protected Rights.
- I understand that I must protect other Advocates and Survivors Stories, and I am not allowed to share Personally Identifying Details about Survivors and Advocates at the Wild Oracle Collective.
- I understand that I am sharing my Survival Story for the purpose of processing my trauma and bringing awareness to others about the failures and blindspots within our Justice System.

****More Terms & Conditions TBD**

Signature: _____



Date: _____