



Mandatory Reporting

Open Heart Advocates (OHA) honors confidentiality and safety as priorities of our program and services.

To respect your privacy and help support your safety and right to make your own decisions, we will make every effort to keep what you tell us confidential.

The exception to this confidentiality, which mandates us to report your actions or personal identifying information, is as follows:

- Disclosure involving known or suspected child abuse or neglect.

The advocates would report such disclosure, as required by the law in Section 19-3-304 (1) (b)(w) of the Colorado Revised Statutes (C.R.S.) to Child Protective Services at the Moffat County Department of Social Services. The Craig office is 970-824-8282. In Dinosaur the phone number is 970-374-2714.

C.R.S. 19-3-304 : Persons required to report child abuse or neglect: (1) Any person specified in subsection (2) of this section who has reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions that would reasonable result in abuse or neglect shall immediately upon receiving such information report or cause a report to be made of such fact to the county department, the local law enforcement agency, or through the child abuse reporting hotline system as set forth in section 6-5-111, C.R.S. (w) Victim's Advocate.

When mandatory reporting is pursued by staff, directors and / or volunteers of the Open Heart Advocates, written documentation of such report will be completed with date and purpose of the report, findings as known by the reporter, agency and staff personnel to whom the report was made and record of verbal or written approval by Open Heart Advocates (OHA) Executive Director. Approval of the Executive Director need not be sought prior to reporting as time is of the essence and reporting should not be delayed awaiting Executive Director's approval.

I acknowledge the receipt of this information about mandatory reporting and I have had the opportunity to have explained to me verbally, as well as this written notice.

Signed _____ Date _____ Time _____

Printed Name _____

Witness Signature (OHA Staff) _____ Date _____ Time _____

Printed Name (OHA Staff) _____

6-12-19