

Victoria Community Resource Center

Client Authorization for Use and Disclosure of Information

Full name:	Today's date:
Birthdate:	Phone: Email:
Intake agency:	Case manager:

When we meet with you, we will ask you for information about you and potentially your family. We ask for this information to help connect you with social service agencies based on your social needs. We will enter the information you give us into a web-based, online platform owned by United Way of the Crossroads ("Platform").

With your consent, your information will be accessible by other authorized users that use the Platform. These authorized users – which are called Community Resource Center Partners – can access your information to assess your needs, coordinate your care, and provide services to you. Community Resource Center Partners must agree to treat your information in accordance with the privacy policy statement available at www.unitedwaycrossroads.org. You can request for a copy of the privacy policy at any time.

A list of current Community Resource Center Partners can be accessed at www.unitedwaycrossroads.org. Please note that the list of Community Resource Center partners can change at any time. You can ask for an updated list at any time or access the most up-to-date list at the above website. The information we share will include:

- Personal identifying information (such as your name, phone number, email and date of birth)
- Demographic information (such as your race, gender, and ethnicity)
- Needs and Follow-Up Assessment(s)
- Services you request or receive
- Status of your referrals
- Supporting documents added to your client profile

The database that stores your information is hosted by the United Way of the Crossroads. The information you provide to us will be accessible to United Way. United Way may also share some of your information from the Platform with organizations that do not use the system ("Outside Agencies") for different summary reports. The information shared with Outside Agencies will always be deidentified or aggregated.

Some of your information may be protected by additional state and federal privacy laws such as the Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH), and the Family Educational Rights and Privacy Act (FERPA). Community Resource Center Partners that are subject to these laws may need additional permission from you to collect or share some or all of your information.

You agree to notify a Community Resource Center Partner if your information changes or is incorrect.

YOUR CONSENT TO THE DATA SHARING DESCRIBED ABOVE IS VOLUNTARY. YOU WILL NOT BE DENIED SERVICES IF YOU DECLINE TO SIGN THIS CONSENT FORM.

You can refuse to answer any question at any time, including questions about the things listed above. You will never be denied help because you did not answer a question, unless we need to know that answer to know if you are eligible for a service.

You can revoke your consent for data sharing at any time by sending an email to Info@unitedwaycrossroads.org or by notifying any Community Resource Center Partner. It may take up to 5 business days to process the revocation. Unless revoked earlier, this Authorization will expire Ten (10) Years from today.

Please note that your information will be stored in United Way's database and accessible to United Way regardless of whether you consent to sharing it with other Community Resource Center Partners or Outside Agencies.

- YES, all Community Resource Center Partners, including the United Way of the Crossroads, may share and discuss personal information about me and my family within the web-based online platform to help give us services.

Community Resource Center Client:

Client Name: _____

Dependent(s) Name(s): _____

Date: _____

Client Signature: _____