

MISSOURI COMMUNITY ACTION MANAGEMENT INFORMATION SYSTEM

Client Consent—Release of Information

The Missouri Community Action Management Information System (MIS) serves Missouri's Community Action Agencies, a network of partner agencies working together to provide services to low-income individuals and families in Missouri.

The information that is collected in the MIS database is protected by limiting access to the database and by limiting with whom the information may be shared, in compliance with the standards set forth in the Health Insurance Portability and Accountability Act (HIPAA). Every person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information. Any person or agency that is found to violate their agreement may have their access rights terminated and may be subject to further penalties.

BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:

I authorize the partner agencies and their representatives to share the following information regarding my family/household and me. I understand that this information is for the purpose of assessing our needs for employment, housing, utility assistance, food, counseling and/or other services.

The information may consist of the following:

- My financial situation, to include the amount of my income, assets, and/or other non-cash benefits I may have. This information may also include debts I owe for utilities, rent, etc.
- Identifying and/or historical information regarding myself and members of my family/household.

I UNDERSTAND THAT:

- Information I give concerning medical, physical or mental health will not be shared with other partner agencies in any way that identifies me.
- The partner agencies have signed agreements to treat my information in a professional and confidential manner. I have the right to view the client confidentiality policies used by the MIS.
- Staff members of the partner agencies who will see my information have signed agreements to maintain confidentiality regarding my information.
- I have the right to request information about who has access to my information.
- The partner agencies may share non-identifying information about the people they serve with other parties working to end poverty.
- The release of my information for the MIS does not guarantee that I will receive assistance, and my refusal to authorize the use of my identifying information does not disqualify me from receiving assistance.
- This authorization will remain in effect unless I revoke it in writing, and I may revoke authorization at any time by signing a written statement available at any partner agency.
- If I revoke my authorization all identifying information already in the database will remain, but will no longer be shared with partner agencies.

Partner Agencies: A list of the partner agencies within the Statewide Community Action Network may be viewed prior to signing this form.

Client Name (please print)

Client Signature

Date

Social Security Number

Agency Personnel Name (please print)

Agency Personnel Signature

Date

This form may not be amended except by the MIS Steering Committee.

MIS Rev. 7/14/06

OVER

CLIENT CONFIDENTIALITY AGREEMENT/ Release of Information

I certify that the information given on this application is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and I further realize that falsified or fraudulent information may result in the rejection of this application.

Under the terms of this Agreement, I agree to release to East Missouri Action Agency, Inc. (EMAA) information that is confidential and proprietary to me. This Confidential Information is to be used solely for EMAA's related statistics, services and programs. Confidential Information refers to any and all information of a confidential, proprietary, or secret nature, which is or may be related in any way to the family, medical records, job history, present or future of me or any related data. Confidential information includes for example, but not limited to: spouses or other family members, ages, salaries, financial standings, criminal records, medical records and all other pertaining to the family information. EMAA will consider all information received from me to be strictly confidential, as required by the Privacy Act, and subject to the restrictions of this Agreement; except for information that is (i) generally known to the public, (ii) in the possession of EMAA before receipt from me, (iii) obtained later by EMAA from a third party without restriction or violation of Agreements.

EMAA will not disclose my Confidential Information to any other party without my prior written consent. EMAA may, however, disclose Confidential Information to its employees and/or programs but only if the employee has a legitimate need to know and has agreed to terms similar to those in this Agreement. EMAA may also disclose this Confidential Information (i) to medical personnel in an emergency; (ii) to qualified personnel for research, audits, or program evaluation, as long as Client identities are not identified; (iii) to a third party based on court orders/ and (iv) to appropriate authorities in cases of suspected child abuse or neglect. EMAA will be responsible for any use or disclosure of Confidential Information by any of its employees or agents to third parties who should not share this information.

This Agreement may be amended only in writing and shall be governed by the laws of the State of Missouri.

Please sign below to indicate that you have read this Consent and agree with its terms.

Client Signature: _____ Date: _____

Interviewer's Signature: _____ Date: _____

PRINT CLIENT'S NAME: _____