



Permission to Release Information Community Action Pioneer Valley

Community Action Pioneer Valley (CAPV) wants to offer the best possible programs and services to our community. To help us understand how our programs and services help you, we ask you to provide us with information about you and your family. Information about you and your family is personal and private and it cannot be shared without your written approval.

Your personal information can only be shared in the ways described in this form or as required or allowed by law. Please read it carefully before signing it.

Signing this form gives CAPV staff permission to share your personal information and the personal information for all members of your household that you provide information for, including children, partners, and extended family within CAPV programs and to report your personal information to funders, auditors, or evaluators as may be required. If there is a need for staff to share information about you and your family to other community organizations or service providers, you will sign a separate permission form at that time.

“Personal information” means any information that, because of a name, identifying number, mark or description can be linked with you or a member of your family.

Examples of personal information that may be shared by Community Action Pioneer Valley include:

- Biographic Information (e.g. Name, Date of Birth, Social Security Number)
- Demographic Information (e.g. Race, Ethnicity, Language)
- Program Participation and Eligibility Information
- Information about CAPV's staff's work and contact with you and your family (e.g., caseworker notes or meeting minutes)

What is the purpose of collecting my personal information and how will it be used?

Your personal information, as defined above, is collected and used to:

- Determine what CAPV programs you and your family may be eligible for
- Provide better services to you and your family
- Coordinate and manage services *between programs* at CAPV
- Report to funders, auditors, monitors, evaluators, etc.

Do I have to sign this form?

You do not have to sign this form. But, if you do not, you will not be able to receive services from the following programs: Community Resources & Advocacy, the Center for Self-Reliance Food Pantries and Money Matters. We will refer you to another organization for services.

If I sign, can I take back my permission later?

You are free to take back or cancel your permission regarding the use and sharing of your information (and to stop participation in any program) at any time.

After you tell us that we no longer have your permission, no additional information about your family will be shared, except in cases where the law allows CAPV to continue using your information. If you remove your permission, it does not affect any information that has been shared already. If you choose to remove your permission, you must make this request in writing to the CAPV staff with whom you are working.

Permission to Release Information:

By signing below, I understand that:

- Community Action Pioneer Valley will maintain the privacy of personal and financial information I provide about myself and my family members receiving services from Community Action Pioneer Valley
- Community Action Pioneer Valley may share information among its programs as necessary to provide services to me
- Community Action Pioneer Valley may share information as required by or upon request of government agencies and other entities that fund, regulate, audit, monitor or investigate Community Action Pioneer Valley, and as authorized or required by law, legal process, or court order
- For any other purpose, Community Action Pioneer Valley will ask me before sharing information and get permission from me

Permission to share my personal information is good for up to 1 year after the date that I sign this form.

I hereby certify that the information presented to Community Action Pioneer Valley staff is true and accurate to the best of my knowledge. Misleading or incomplete information may result in denial or termination of services.

Client Name (Please Print): _____

Client Signature: _____

(parent or guardian if under 18)

If under 18, Parent or Guardian Name: _____

Date: _____

For more information about Data Privacy and Confidentiality in CAPV's CMS (CHPM) Database System, visit this link: **Data Privacy and Confidentiality in CMS** (**communityaction.us**) or scan this QR code:

