

Sioux Empire Network of Care

Client Informed Consent and Release of Information



PLEASE READ AND REVIEW THIS FORM CAREFULLY

This agency is required to collect your personal information directly from you as part of the Sioux Empire Network of Care (SENC). The information this agency collects about you will be used to improve services to you, better understand your needs, and document why they need continued funding to operate their programs.

This agency collects your information, and enters it into a data system called the Sioux Empire Network of Care (SENC).

- SENC is a client data system where the information you give today will be stored and shared electronically with other SENC Member Agency providers to improve the services you receive.
- The data in the SENC system is used for reporting, statistical, educational, and evaluation purposes. Your information is protected by strict local, state, and federal laws that all SENC Member Agency providers must follow.
- This Agency’s staff has been trained by the SENC staff on the rules, ethics, and laws around protection, privacy, and confidentiality of your information and all users have had formal background checks.
- SENC Member Agencies reserve the right to provide client information to law enforcement verbally.

The following information will be collected about you and your family and entered into the SENC data system to be shared with other member agency providers. A current list of participating agencies may be obtained at any time.

| Client Identification Information | Demographic Information | Needs & Service Information | Other Information |
|---|---|---|--|
| <ul style="list-style-type: none"> • First Name • Middle Name • Last Name • Social Security Number • Date of Birth | <ul style="list-style-type: none"> • Gender • Race • Ethnicity • Veteran Status • Disabling Conditions • Residence Prior to Entry • Zip Code of Last Permanent Address • Housing Status • Contact Information • Program or Service Start/End Date | <ul style="list-style-type: none"> • Needs Identified • Services Provided • Program Referrals Provided | <ul style="list-style-type: none"> • Client Notes • Case Notes • Program Specific Data Elements • Goals • Safety Concerns |

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FAMILY/HOUSEHOLD Sharing Permissions

As head of the household, I grant permission for the information for my entire family to be shared. This document allows for only the sharing of the information about my minor children. The other members of my family receiving services from this provider must sign their own release.

List minor children name(s) and dates of birth:

| Full Legal Name (first, middle, last) | Date of Birth |
|--|---------------|
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Authorization of Permissions

By signing below, I agree that I have read this form and to release my information as stated in this document.

I understand the collection and use of all my personal information is protected by strict standards of confidentiality as outlined in writing in the Sioux Empire Network of Care Policies and Procedures and that this agency cannot provide me specific legal advice regarding my rights on any of this information. I also understand that my personal information will only be disclosed in accordance with applicable South Dakota laws.

Signature of Client

Printed Name

Date

Signature of Agency Witness

Agency Name

Date