

## **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 Helpline Center Network of Care (HCNC). 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 Helpline Center Network of Care (HCNC).

- HCNC is a client data system where the information you give today will be stored and shared electronically with other HCNC Member Agency providers to improve the services you receive.
- The data in the HCNC system is used for reporting, statistical, educational, and evaluation purposes. Your information is protected by strict local, state, and federal laws that all HCNC Member Agency providers must follow.
- This Agency's staff has been trained by the HCNC staff on the rules, ethics, and laws around protection, privacy, and confidentiality of your information and all users have had formal background checks.
- HCNC 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 HCNC 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> <li>First Name</li> </ul>	• Gender	<ul> <li>Needs Identified</li> </ul>	Client Notes
Middle Name	• Race	<ul> <li>Services Provided</li> </ul>	Case Notes
Last Name	Ethnicity	<ul> <li>Program Referrals Provided</li> </ul>	Program Specific Data Elements
<ul> <li>Social Security Number</li> </ul>	Veteran Status	Program or Service Start/End Date	Goals
• Date of Birth	<ul> <li>Disabling Conditions</li> </ul>	<ul> <li>Service Documents</li> </ul>	Safety Concerns
• ID	<ul> <li>Residence Prior to Entry</li> </ul>		Health Insurance
	Physical Address		<ul> <li>Income Documents</li> </ul>
	<ul> <li>Mailing Address</li> </ul>		
	<ul> <li>Housing Status</li> </ul>		
	<ul> <li>Contact Information</li> </ul>		
	<ul> <li>Household Income Verification</li> </ul>		
	• Employment		

## 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 Helpline Center 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