

RELEASE OF INFORMATION FOR UNITED WAY MONITORING

The United Way (UW) provides funding for the Sexual Assault Center's victim services. As a recipient of our services your "personally identifying information" may be reviewed by program monitors from UW. It is your right to choose whether the Sexual Assault Center provides this information to UW monitors. **Services provided by the Sexual Assault Center will not be affected by your decision.**

As a recipient of grant dollars this agency is required to undergo routine monitoring as a condition of our contract with UW. United Way may audit client charts annually. Clients must complete standardized measures twice a year. These measures remain confidential and general numeric data is provided to United Way semi-annually. This allows our program to demonstrate the effectiveness of the services supported by United Way.

I, _____, understand that "personally identifying information" may need to be shared with program monitors from UW. Funding provided by UW to the Sexual Assault Center supports services that are made available to me and/or my family. For the purpose of this release "personally identifying information" is defined as:

1. a first and last name
2. a home or other physical address
3. contact information (including postal, e-mail or Internet protocol address, or telephone or fax number)
4. a social security number; and
5. any other information including date of birth, racial or ethnic background or religious affiliation, that, in combination with any of the above (1) through (5) would serve to identify any individual

This release is effective for 12 months from the date of signing. If for any reason I change my mind during this time and do not want my personally identifying information shared with UW program monitors I understand that I must provide a written request stating this to the Sexual Assault Center. This release will be invalid upon the receipt of my written request.

PLEASE CHECK THE APPROPRIATE BOX:

For the sole purpose of UW program monitoring

☐

I agree to share my personally identifying information, as defined above.

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I do not agree to share my personally identifying information, as defined above.

Client/ Guardian Signature

Date

Agency Witness Signature

Date