



Washtenaw County ServicePoint Acknowledgement & Release of Information For Child Care Network

Acknowledgement

By signing below I, _____ / ____/____ acknowledge:
CLIENT'S PRINTED NAME DATE OF BIRTH

- I have received a copy of the Washtenaw County ServicePoint Notice of Privacy Policies and Procedures, which explains ServicePoint and my rights and responsibilities associated with the ServicePoint system.
- I understand that my profile and those belonging to my minor dependants will be shared with other agencies. Profile information is limited to name, partial social security number, year of birth, and gender.
- I understand that no other information about me or my minor dependants will be shared unless I specifically authorize such sharing.
- I understand that I may decline to share my profile with other agencies that use ServicePoint. If I do not wish to share my profile, I must request a Closed Profile Request Form from my case worker.
- I understand that my personal identifying information, such as name or date of birth, is removed so that I will remain anonymous in any statistical or research reports.

CLIENT SIGNATURE _____ DATE ____/____/____

RELATIONSHIP

GUARDIAN SIGNATURE _____ PRINTED NAME _____ TO CLIENT _____

Release of Information

Agencies use ServicePoint to collect the information for the reasons explained in the ServicePoint Notice of Privacy Policies and Procedures. This information includes:

- Demographic information including date of birth, ethnicity, race, and marital status.
- Assessment Information including non-health related information such as educational level, employment status, housing and homeless history, military service history, benefits, services and referrals.

By signing below, I authorize any demographic and non-health related information collected about me or my minor dependants to be shared with other agencies in Washtenaw County. A list of these agencies is contained in the ServicePoint Notice of Privacy Practices you received. I understand that I am not obligated to release this information to receive services; however, releasing such information may minimize the amount of information that I would need to provide if I were to seek assistance at a different agency. **This release will be effective for one year from the date of signing.** *No information about my health, mental health, substance abuse or domestic violence history will be shared without a specific release.*

CLIENT SIGNATURE _____ DATE ____/____/____

RELATIONSHIP

GUARDIAN SIGNATURE _____ PRINTED NAME _____ TO CLIENT _____

If this release includes minor dependants, please PRINT their names and dates of birth below:

NAME _____ DOB ____/____/____ NAME _____ DOB ____/____/____

NAME _____ DOB ____/____/____ NAME _____ DOB ____/____/____

NAME _____ DOB ____/____/____ NAME _____ DOB ____/____/____

FOR STAFF USE ONLY

I, _____, certify that I have conveyed the information in the ServicePoint Privacy Notice to the client named above.

SIGNATURE OF STAFF WITNESS _____ DATE: ____/____/____

SECOND WITNESS (FOR VERBAL RELEASE) _____