

Client Confidentiality Statement

CLIENT NAME: *Devaprasad Kantharaj*

DATE OF BIRTH: *March 31, 1970*

CLIENT ID: *30*

It is Thames Valley Council for Community Actions Inc.'s (TVCCA's) commitment to provide seamless services to its clients. I understand that TVCCA can best accomplish this by allowing authorized personnel to share my household information with other TVCCA programs. I understand that I will be offered referrals to toher TVCCA programs and that I have the right to refuse any referrals I am not interested in.

I understand that my household information will be entered into a universal client database that is utilized by all programs within TVCCA.

TVCCA will ensure that all of my household information remains confidential. I understand that the agency will not release my household information to agencies outside of TVCCA unless I sign a Release of Information Form. I also understand that medical, mental health, or substance abuse history will not be shared unless I sign a Relase of Information Form. My signature below indicates that I understand TVCCA's confidentiality statement as it has been explained to me.

Client Signature

Date

Staff Signature

Date