



Authorization to Release, Request, or Exchange Information

The Safe Family for Children™ (SFFC) volunteer driven, professionally supported by CAFA, is here to support you during your time as a volunteer. We want to make every effort to help you feel comfortable in this. The privacy of your personal information is very important to us, and we will guard it carefully. You have the right to release and retract personal information about yourself and your minor child(ren). Please feel free to ask questions regarding the protection of your private information.

As part of the SFFC, CAFA will need to release limited information about you to SFFC placing families, Family Coaches, and other SFFC volunteers and to the SFFC organization. The Health Insurance Portability and Accountability Act (HIPAA) requires CAFA to obtain your permission before your personal information is released. By signing this document, you give CAFA permission to use and/or disclose information about you to:

Safe Families for Children™, SFFC Family Coaches, and SFFC volunteers
in your geographic area.

This information is shared in order to place a child in your care, to provide support, resources, and services to you, and for the business needs of SFFC. Here is a list of the information that will be shared:

- Personal information, for example: your name(s), number of children, address and contact information of your family (not to placing parent), specific needs of your family;

When your above information is disclosed, it may be disclosed again by the person receiving it, and may no longer be protected by the federal HIPAA laws. You have the right to refuse to sign this authorization and do not have to sign this if you do not agree with the disclosures. This authorization will expire when you leave the Safe Families for Children™.

Participating in SFFC is voluntary. If at any time you no longer want to participate in SFFC, please let CAFA know and your information will no longer be shared with the SFFC organization. Also, you may withdraw this authorization at any time by submitting your written request to withdraw this authorization to: Safe Families for Children Lane County

If you have any questions about this document, your information, or the Safe Families for Children™, please do not hesitate to ask your local SFFC contact person.

Name (please print) _____ DOB _____

Signature _____ Date _____