## CVJP's Privacy Protection Statement: Personal Information Policy and Release of Information

Client's Last Name	Client's First Name	<u>M.I.</u>	DOB (mm/dd/yyyy)
Personal Information Police	cy:		
personal information from yo	nd throughout the program, Communion. The information is necessary for your needs and obtain services for your	us to run our prog	
people/entities we are seeking protect your rights and private to our executive director and services and referrals, so camanagement staff to maximiand improve service delivery	ng services for you, and funders with by we keep all forms secured in lock I the supervisor to track on a tracking ses can be tracked for any follow the se service delivery to our clients. Ac	nout your consent of the defile cabinets with g form and database ru. The information Iditionally the inforr unding, CVJP may	th the addition of these forms emailed se to insure you have received the gathered is used by internal case mation gathered is shared to evaluate share information, including personal
Release Statement:			
including CVJP's collection,			tand and agree to the terms and conditions, ormation within the CVJP program, people/entities
by checking this box and	d typing my name below I agree to te	erms of the release	statement.
Client Signature			Date
Client's Full Printed Name			

Phone Number

Email