

DATA PRIVACY RIGHTS OF APPLICANTS FOR MVAC PROGRAMS

Under current Federal and State legislation your right to privacy is protected. MVAC is asking you to supply us with private information concerning you, your family, and household. By Law you do not have to provide this information. MVAC needs information about you to determine if you can get help from any program. Without information about your household, MVAC may not be able to help you and the help may be late or less than what you may be eligible to receive. The purpose for this information is to inform you of eligibility for all programs at MVAC. MVAC may use information to research, plan, and evaluate programs. Information is used in determining compliance with Federal and State regulation's. MVAC will use this information to make statistical and demographic reports to different agencies and funding sources. Never will information that identifies you or any member of your household be revealed unless you give your written permission. MVAC will also use this information to develop a communication list (including but not limited to postal mail, email, and text messaging). MVAC will use the communication list to update you on the programs and program changes. **At no time** will the communication list be revealed to anyone outside MVAC. To assure that you are being served properly only MVAC Staff whose jobs require the information will have access to it.

MVAC may share this information with federal, state and local agencies, community-based organizations, local and state public and private human service agencies, and state and local educational programs, as allowed by law (including but not limited to: Department of Justice, Minnesota Housing Finance Agency , MN Department of Employment and Economic Development, MN Department of Human Services, MN Department of Health, MN Department of Education, MN Department of Commerce, and Dept of Housing and Urban Development).

This Agency will keep this information for seven years from the last date updated with you or until program audits are complete. You have the right to review your records at any time to request changes.

I consent to Minnesota Valley Action Council (MVAC)'s use of personal information, subject to MVAC's Confidentiality Policy, to determine my (or my child's) eligibility for and provide me (or my child) with services for which I am (or my child is) eligible from any program or department of MVAC.

(Please Print) First and Last Name: _____

Signature: _____ **Date:** ____ / ____ / ____
My signature certifies that I have read and understand the data privacy rights on this form.

If signing on behalf of a child, print child's name:
