



## Recipient Confidentiality Release – Form # 4

I, \_\_\_\_\_ realize that as a recipient of HCWF monies, my name and pertinent information will appear on my Individual Allocation form. These forms will be kept in a locked file at the High Country United Way office. The only people with access to my name are the HCWF coordinator and HCWF Allocations Chairwomen. The information from my application may be discussed among the agencies represented at monthly Inter-Agency Meetings. The purpose of sharing information is to help agencies make connections to better serve women such as myself, and to reduce duplicity of services in order to make efficient use of available resources in our area.

Attendees of these meetings will be limited to representatives of our partnering agencies, HCWF allocation committee chair, HCWF agency liaisons, HCWF coordinator, and the High Country United Way Executive Director.

Attendees will be reminded to only share necessary information. Information shared must not extend beyond the professional partnerships created in the Inter Agency Meetings.

By signing below, I agree that I have read this confidentiality release statement, have had an opportunity to ask questions and seek clarification, and understand all of the information presented. I also agree to the terms of the release, and understand that my participation with the HCWF is dependent on my agreement.

\_\_\_\_\_  
Recipient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date

