

Sample Privacy Policy

NOTE: These are sample documents only. All documents your agency adopts should first be reviewed by your agency's legal counsel to ensure compliance with applicable laws or regulations that govern your services or service area.

(Organization Name) is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “non-public personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Housing Stability Counseling Program Counseling Authorization Agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information, and designing future programs.

Types of information that we gather about you:

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets and income; and
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures

1. You have the opportunity to “opt-out” of disclosures of your non-public personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
2. If you choose to “opt-out,” we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out,” you may call us at **(Phone Number)** and do so.

I choose to opt-out _____

Release of your information to third parties

1. So long as you have not opted out, we may disclose some or all of the information that we collect, as described above, to creditors, where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
2. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information

Client's signature _____ Date _____

Privacy Policy

Organization must provide to all clients a copy of its privacy policy. Proof that the client received the policy must be maintained in the file. Such proof can include a statement signed by the client indicating receipt or an electronic signature, if applicable. If the policy is mailed to the client, the grantee must keep on file proof that the policy was sent to the client via email or postal mail.

Having access to the privacy policy on the organization's website does not satisfy this requirement unless there is affirmative confirmation and documented proof that the client has reviewed the policy in the file. Please note that clients who are given the choice to "opt-out" of the organization's privacy policy provision, allowing for the sharing of their information with affiliated third parties and choose to do so, **cannot** be reported to the online reporting system (ORS) for payment by HSCP.

Note: It is acceptable for organizations to combine the authorization form, disclosure statement and privacy policy into a single document as long as the client signs the document, and the agency retains a copy in the client file.