
APOYO Privacy Policy

CLIENT PRIVACY

We do not store or maintain any private information, electronically or otherwise, pertaining to the identity of our clients. We do not ask about their immigration status. We ask for family names, the ages of family members, the county and city of residence, and the country of origin, but we retain only the raw numbers for purposes of filing required reports to Washington State.

Without express written consent of the client, or as provided by law, the APOYO Food/Clothing Bank will not release, divulge, publish, transfer, sell or otherwise make known to unauthorized persons any information that identifies an individual's health, education, business, use or receipt of governmental services, names, addresses, age, telephone numbers, social security numbers, driver's license numbers and finances including financial profiles, credit card numbers or other identifying numbers. Written consent from the client must include what client information can be shared and with whom or which agencies/businesses, as indicated by the form below.

APOYO AUTHORIZATION TO DISCLOSE CLIENT INFORMATION

CLIENT NAME _____

I, THE CLIENT OR PERSONAL REPRESENTATIVE ACTING ON BEHALF OF THE CLIENT, HEREBY GRANT PERMISSION AND AUTHORIZATION FOR THE USE OR DISCLOSURE OF THE ABOVE-NAMED INDIVIDUAL'S INFORMATION AS DESCRIBED BELOW TO

REQUESTING AGENCY _____

SPECIFIC RECORDS: check boxes below to specify which type of information is to be disclosed

- NAME, FIRST AND LAST
- NUMBER OF PEOPLE IN MY FAMILY
- AGES OF PEOPLE IN MY FAMILY
- OTHER (specify): _____

I UNDERSTAND THAT THE ABOVE INFORMATION WILL BE USED BY THE REQUESTING AGENCY FOR THE FOLLOWING SPECIFIC PURPOSE:

REVOCAATION:

I UNDERSTAND THAT I HAVE THE RIHGH TO REVOKE THIS AUTHORIZATION AT ANY TIME. I UNDERSTAND THAT IF I REVOKE THIS AUTHORIZATION, I MUST DO SO IN WRITING AND PRESENT MY WRITTEN REVOCATION VIA LETTER TO APOYO, INC. AT 111 PEAVINE RD., ELLENSBURG, WA 98926, OR VIA EMAIL TO GARRISOP2001@YAHOO.COM. I UNDERSTAND THAT MY REVOCATION WILL NOT APPLY TO AGENCIES THAT HAVE ALREADY TAKEN ACTION PRIOR TO THE DATE OF MY REVOCATION NOTICE.

DURATION:

UNLESS OTHERWISE REVOKED, THIS AUTHORIZATION WILL EXPIRE ON THE FOLLOWING DATE, EVENT, OR CONDITION: _____

I UNDERSTAND THAT SIGNING THIS AUTHORIZATION IS VOLUNTARY AND WILL IN NO CASE AFFECT MY ELIGIBILITY TO RECEIVE SERVICES FROM APOYO. I UNDERSTAND THAT I AM ENTITLED TO RECEIVE A COPY OF THIS AUTHORIZATIOND AND ACKNOWLEDGE RECEIPT OF SUCH A COPY. A COPY OF THIS AUTHORIZATION IS AS VALID AS THE ORIGINAL.

SIGNATURE OF CLIENT OR LEGAL REPRESENTATIVE

DATE