

**Washington County HRA**  
**Verbal Authorization to Release Information**

Social Security Numbers

The Privacy Act of 1974 makes it unlawful for any Federal, State, or local government agency to deny your participation in this Foreclosure Mitigation Counseling program if you refuse to provide your social security number. If you do not voluntarily provide your social security number services to you may be more limited, but you will continue to be eligible to receive the services we can provide without a social security number.

Other Private Data

Under Minnesota Statutes, your name and address are public data. All other data we may ask about you is private data on individuals. Except for your social security number, providing and agreeing to share your private data is mandatory for participation in this Foreclosure Mitigation Counseling Program under the terms of the federal grant from NeighborWorks that funds the program. If you do not agree to allow us to share the data with the entities identified below, we will not be able to provide foreclosure mitigation counseling.

We will share the data only with the following entities or their representatives:

- Staff of this organization who need it to work on your case.
- NeighborWorks America or its authorized representatives, the entity mandated by Congress to account for how the program funds are used and determine the program's effectiveness.
- The Minnesota Housing Finance Agency, the recipient of the grant for this program.
- The Minnesota Home Ownership Center, a contractor of the Minnesota Housing Finance Agency responsible for assisting program administration and reporting to NeighborWorks America.
- Any other entities properly authorized under law to view it.

The information shared will be for the purpose of program management, compliance monitoring, and program evaluation. We are 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 the limitations of law.

In addition, as part of the program evaluation, NeighborWorks requires your permission for it to retrieve credit information and records two additional times between your enrollment in the program and June 30, 2010, and to interview or communicate with you.

Verbal Authorization:

If you agree to allow us to collect and share information as described above, please indicate your approval saying, I approve.

Witness:

The undersigned verify that verbal authorization for release of above confidential information has been given. The client was fully informed of the information contained herein and understood its nature and intended use of the released information.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date