ASSURANCE OF CONFIDENTIALITY

FIPS Code:		Date of Request:	
Worker Assigned:		Date Information Disclosed:	
		Date Adult Notified:	

Name of Adult:

Adult's Address:

Name of Agency making request:

Agency's Address:

Agency's Telephone:

Person making request:

Purpose for which information is requested:

The undersigned agree to use the information obtained pursuant to Section 63.2-1600 through 1610 of the Code of Virginia <u>only</u> for the purpose for which it is made available and to hold the information confidential except to the extent that disclosure is required by law.

_____
(Signature)

_____
(Agency)

_____
(Date)

INSTRUCTIONS FOR ASSURANCES OF CONFIDENTIALITY FORM

Purpose of Form: To provide a method of maintaining a record of agencies requesting disclosure of information pursuant to §63.2-104 of the Code of Virginia and to document that the agency requesting information has given appropriate assurances that the information will be held confidential except to the extent that disclosure is required by law.

Use of Form: To be used by local departments of social services when a request for disclosure of information pursuant to Section 63.2-104 is received. This form will satisfy the Code of Virginia requirement that the Board receive appropriate assurances from the agencies to which the information is disclosed that the information will be held confidential except to the extent that disclosure is required by law.

Instructions for Preparation of the Form:

FIPS Code - Enter the FIPS code of the city or county in which the local department receiving the request is located.

Date of Request - Enter the date the department received the request for information.

Worker Assigned - Enter the name of the worker who is assigned to the case.

Date Information Disclosed - Enter the date information was disclosed to the agency making the request.

Date Adult Notified - Enter the date the adult or his legally appointed guardian was notified that information was disclosed to the requesting agency.

Name of Adult - Enter the name of the adult on whom data is requested.

Address - Enter the adult's mailing address.

Name of Agency - Enter the name of the agency requesting disclosure of information.

Address - Enter the mailing address of the agency requesting disclosure of information.

Telephone - Enter the telephone number of the agency requesting disclosure of information.

Person Making Request - Enter the name of the person requesting information. The person/agency must have a legitimate interest as defined in Sections 38.1 and 38.2 of this chapter.

Purpose for which information is requested - Briefly state the purpose for which the information is needed. Is the purpose related to the protective services goal for the adult?

Signature - Obtain the signature of the person who has the authority to give the assurance.

Name of Agency - Enter the name of the agency to which information is disclosed.

Date - Enter the date the form is signed by the person who is authorized to give assurances.