

**Workforce Solutions
Customer Information Consent/Disclosure Form**

1. We desire to provide quality services to you. It is sometimes necessary for us to both get and release written and verbal information that you or other sources provide to us. Some of this information is, by its nature, sensitive or confidential and you have the right to determine if we can give this information we require and how we will protect your right to control access to it.
2. Verbal or written information given by you or received from other sources about you will be used to determine your eligibility, manage the services you receive, get information about you from other agencies, and help you to get other services. Information **will not** be used for any other purpose. Workforce staff persons are required by professional ethics and by policy to keep information confidential and it will not be released to others unless you approve its release in writing to another or ask us to give it out. **There are three instances when information must be given to others:** when the information you give us indicates that you may be a clear and imminent danger to yourself or others, when you request information to be given directly to you or released by you to others, or when information is requested by a court of law or others through legal means.
3. Both paper and automated case files containing your information are kept in our local office. These files may contain eligibility and application papers and information, assessment, results, case notes, and other documents relating to your participation in workforce services. Your files are kept in areas where access is limited to authorized persons only.
4. If you are under age 18, your parents, legal guardian, or child service agency that retains custody of you all have the right to know general information about your case. We are required to provide information requested without your approval if they ask us for it.
5. By signing this Consent/Disclosure Form, you understand that you give Workforce Solutions Center Staff permission to contact an employer, organization, or training institution to acquire or confirm any information needed for your case. This consent is intended for use by the Workforce Solutions Center and its Partnering Agents only.

I have read this consent/disclosure about how my workforce information will be managed. I understand that it will be used for Workforce purposes only and protected within the limits of the law, regulations, and policies regarding it. I also understand the reasons for having to collect information and I agree to provide it.

(Customer Signature)

(Date)

(Parent or Legal Guardian, if applicable)

(Date)

I have discussed the management of information with the customer whose signature appears above.

(Workforce Specialist Signature)

(Date)

WEB, NEWSLETTER, AND PUBLISHING CONSENT AND WAIVER

1. Workforce Solutions - Southeast Texas provides information regarding our services and business to various web sites and other forms of publication. Samples of program information, calendars, schedules, articles, activities, and photographs are included. Personal and Parental Permission (for minors under the age of 18) are required for publishing of photographs, personal articles, and/or names.

I understand that this consent and waiver form gives the Workforce Solutions of Southeast Texas permission to publish information including my name, photograph and articles regarding services provided by Workforce Solutions on the Internet, Board Newsletter and to TWC. I understand the World Wide Web provides public access to this information and I will not hold the Workforce Solutions of Southeast responsible for events resulting from the publication

(Customer Signature)

(Date)

(Parent or Legal Guardian, if applicable)

(Date)