



Tennessee Department of Finance and Administration
Family Advocacy Unit
312 Rosa Parks Ave., Ste. 1800
Nashville, TN 37243-1102

TN Strong Families Grant Program Certification

Subrecipients of the TN Strong Families Grant Program are prohibited from releasing any information about services provided to clients unless the client specifically agrees to the release in writing.

Likewise, subrecipients are prohibited from conditioning receipt of goods or services upon client participation in explicitly religious and/or faith-based activities. For the purpose of this certification, “explicitly religious and/or faith-based activities” generally include programs, meetings, or activities that are conducted to encourage or convey a specific religious doctrine or belief system held by the organization and/or staff (i.e., worship, religious services, proselytizing).

On behalf of the applicant entity named below, I certify the following to the Tennessee Department of Finance and Administration, Family Advocacy Unit:

1. The nature of and all information about all services provided to clients is personal and shall remain confidential. Information about services clients receive will not be shared with or disclosed to anyone without the client’s expressed written consent on the Release of Information that is attached as Exhibit A to this certification.
2. Agencies that engage in explicitly religious and/or faith-based activities as a part of their regular business, must take steps to separate those activities, in time or location, from the Tennessee state-funded services that they offer, and assure that participation in such activities by grant beneficiary clients must be voluntarily agreed to by the beneficiary/clients. (See, Exhibit B, sample acknowledgement of consent form).

Name and Title of Authorized Official:

Name and Address of Authorizing Agency:

Signature of the Authorized Official

Date

[APPROPRIATE AGENCY LETTERHEAD]

READ FIRST: Before you decide whether or not to let [Program/Agency Name] share some of your confidential information with another agency or person, an advocate at [Program/Agency Name] will discuss with you all alternatives and any potential risks and benefits that could result from sharing your confidential information. If you decide you want [Program/Agency Name] to release some of your confidential information, you can use this form to choose what is shared, how it's shared, with whom, and for how long.

I understand that [Program/Agency Name] has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow [Program/Agency Name] to release some of my personal information to certain individuals or agencies. I understand that this includes friends and family and that I must specifically list any friends or family that I want to be involved in my care.

I, _____, authorize [Program/Agency Name] to share the following specific information with:
name

Who I want to have my information:	Name of Agency or Individual:
	Specific Office at Agency or Relation of Individual:
	Phone Number:

The information may be shared: in person by phone by fax by mail by e-mail
 I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.

What info about me will be shared:	(List as specifically as possible, for example: name, dates of service, any documents, health related information etc.).
Why I want my info shared: (purpose)	(List as specifically as possible, for example: to receive benefits).

Please Note: there is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by [Program/Agency Name].

I understand:

- That I do not have to sign a release form. I do not have to allow [Program/Agency Name] to share my information. Signing a release form is completely voluntary. That this release is limited to what I write above. If I would like [Program/Agency Name] to release information about me in the future, I will need to sign another written, time-limited release.
- That releasing information about me could give another agency or person information about my location and details about my current life situation and would confirm that I have been receiving services from [Program/Agency Name].
- That [Program/Agency Name] and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

Expiration should meet the needs of the client, which is typically no more than 15-30 days, but may be shorter or longer.

This release expires on _____
Date Time

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.

Date: _____

Signed: _____

Time: _____

Witness: _____

Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release)

I confirm that this release is still valid, and I would like to extend the release until _____
New Date New Time

Signed: _____

Date: _____

Witness: _____

ACKNOWLEDGEMENT OF CONSENT FORM

I, _____, understand the following:
[client name]

“Religious/faith-based activities” may include a wide variety of activities, meetings, or programs that express or encourage religious doctrine or beliefs held by the organization and/or staff. These activities include worship, religious instruction, or similar activities.

I cannot be required to participate in religious/faith-based activities to receive free Tennessee grant-funded goods and services from the agency.

I can consent to participate in religious/faith-based activities or I can choose not to participate and still receive grant-funded goods or services.

I Acknowledge and Understand:

Signed: _____ Date: _____

Staff: _____ Date: _____