



OREGON NATIONAL GUARD

JOINT FORCE HEADQUARTERS
1776 MILITIA WAY
SALEM, OREGON 97309-5047

15 Jun 2016

SUBJECT: Client Rights & Privacy SOP

Purpose

This Standing Operating Procedure (SOP) is an ORNG Family Program/ORANG Airman & Family Readiness Office specific guideline for our Client Rights and Privacy. This SOP will be the standard for both the Army and Air Guard personnel who work with Service Members and families from all components and status when assisting them with obtaining services from the aforementioned programs.

Applicability

All ORNG Family Programs/ORANG Airman & Family Readiness office personnel.

References

- A. Privacy Act of 1974 (5 USC 552a)
- B. DoD Directive (DoDD) 5400.11, dated 29 October 2014.
- C. Army Regulation 608-1, Army Community Service, dated 13 March 2013.
- D. Army Regulation 340-21, The Army Privacy Program, dated 5 July 1985.

Privacy Act of 1974:

The below privacy statement must be used for any and all consent for release of information request from the ORNG Family Programs/ORANG Airman & Family Readiness Office. This statement should always be located at the top of the consent form:

PRIVACY ACT STATEMENT

AUTHORITY: Section 3013, Title 10, United States Code Executive Order 9397

PURPOSE: This information will be used by the ORNG Family Programs/ORANG Airman & Family Readiness Office personnel to ensure appropriate services are provided to the client.

ROUTINE USES: This form upon the signature will be used as authorization for release of information to any party or agency identified accordingly by the client, further demographic information may be used for statistical or trend analysis. However, no PII will be used in that circumstances.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT OF FAILURE TO PROVIDE INFORMATION: Voluntary. If information is not obtained, it could result in inappropriate services provided, delay in services, and denial of services.

Language Assistance

Given that most of its customers are members of the US Military, and that we are located on small military installations throughout the state, ORNG Family Programs Offices does not provide spoken translation of foreign languages in person to its customers. In the event of a need for translation, ORNG Family Programs Staff has access to phone-based spoken translation service via Military OneSource, and online text-based translation programs.

Disability Assistance

ORNG Family Programs welcomes all customers, regardless of auditory, visual, and physical special needs. Due to our locations being on small military installations, there is a reasonable expectation that our customers who have special needs will be accompanied by a Service Member who has the ability to assist him or her. In the unlikely event that an individual with special needs seeks the service of ORNG Family Programs without assistance of a family member or sponsor, we will make all reasonable efforts to reconcile needs with our ability to provide service.

Responsibilities

Family Programs/Airman & Family Readiness Office:

- A. Provide reasonable and impartial access to services regardless of race, creed, gender, national origin, religion, physical disability, rank or sexual orientation.
- B. Provide considerate and supportive services with regard to your comprehensive fitness (mental, spiritual, social and physical).
- C. Adhere to client's personal privacy and confidentiality.
- D. Provide knowledgeable, competent and cooperative staff.
- E. Prompt, accurate and reasonable response to client's questions and requests.
- F. Provide applicable and accurate information relevant to assessing the needs of the client.
- G. Provide feedback of services received.
- H. Inform rights and responsibilities applicable to client as a customer.

FP/AFRO personnel will make every effort to provide accommodations needed for person(s) with special needs including but not limited to translators, sign language/telephone amplification, cognitive/TBI challenges, mobility issues and any and all other communication technology that assists our clients in their ability to receive the services we provide. In addition, all program information including print materials, electronic media and trainings will be presented in a non-discriminatory manner using non-stigmatizing language.

Clients' responsibilities:

- A. Provide accurate, complete information and required documentation to support the services re-requested.
- B. Communicate updated changes in your status and personal information since your last visit.
- C. Provide staff member feedback about your needs and expectations, desired services and satisfaction.
- D. Ask questions to ensure you understand instructions and information

Additionally, the ORNG Family Programs/ORANG Airman & Family Readiness Office will include the below statement of understanding within the Client Bill of Rights & Responsibilities displayed at all locations where Family Services may be obtained:

You can expect the Family Program staff to respect your right to privacy; however, the State of Oregon is a "may warn" jurisdiction – the Oregon National Guard Service Member and Family Programs staff will report issues concerning child neglect and abuse, harm to self and others or issues that may impact security clearance approval and when referred by command they may be given minimal information.

Clients may request a review of the services they have received.

MICHELLE J KOCHOSKY
CIV, ORNG
State Family Program Director

CLIENT BILL OF RIGHTS & RESPONSIBILITIES

All persons obtaining services from the Oregon National Guard Family Program Office are entitled to certain rights and also subject to certain responsibilities. The observance of these rights and responsibilities by both customers and the Family Program Office staff is vital to ensuring services are delivered in an appropriate and efficient manner.

As our customer, you have the right to:

- Reasonable and impartial access to services regardless of race, creed, gender, national origin, religion, physical disabilities, rank, or sexual orientation, to include, translation services.
- Considerate and supportive services with regard for your comprehensive fitness (mental, spiritual, social, and physical).
- Personal privacy (The State of Oregon is a “may warn” jurisdiction – the Oregon National Guard Service Member and Family Programs staff will report issues concerning child neglect and abuse, harm to self and others or issues that may impact security clearance approval and when referred by command they may be given minimal information on the visit and outcome)
- Knowledgeable, competent, and cooperative staff.
- Prompt, accurate, and reasonable response to your questions and requests.
- Receive applicable and accurate information relevant to assessing your needs.
- Provide feedback on services received.
- Be informed of rights and responsibilities applicable to you as a customer.
- Receive services in a non-discriminatory manner, where rules and expectations are consistently enforced
- Request to review all services they have received

Additionally, Service members must understand:

- They may refuse any service unless mandated by law, court order, or lawful command order
- They may be subject to disciplinary consequences if services are refused

As our customer, it is your responsibility to:

- Provide accurate, complete information and required documentation to support the services requested.
- Communicate updated changes in your status and personal information since your last visit.
- Provide staff member’s feedback about your needs and expectations, desired services, and satisfaction through the Interactive Customer Evaluation system (ICE).
- Ask questions to ensure you understand instructions and information.

Statement of Understanding

You can expect the Family Program staff to respect your right to privacy; however, the State of Oregon is a “may warn” jurisdiction – the Oregon National Guard Service Member and Family Programs staff will report issues concerning child neglect and abuse, harm to self and others or issues that may impact security clearance approval and when referred by command they may be given minimal information.

I acknowledge that I have read and understand this Statement of Understanding and I have also read and understand the Oregon National Guard Family Programs Bill of Rights and Responsibilities.

(This acknowledgment will remain in effect for one year)

Customer Signature

Date

Staff Member Signature

Date

Statement of Authorization (SOA)

MILITARY MEMBER INFORMATION					
NAME (Last, First, Middle)		Rank	LAST 4 SSN	STATUS	Unit
SEX	MARITAL STATUS	DATE OF BIRTH	Type of Referral (Circle One): WALK-IN PHONE EMAIL UNIT FRSA TAA OTHER		
HOME ADDRESS (Include Zip Code)		HOME/CELL PHONE	WORK PHONE	EMAIL ADDRESS	
Type of Assistance (Circle One): ** Financial ** Employment Assistance ** Transition ** Emergency Financial Aid ** Family Life ** Family Readiness ** EFMP ** Deployment ** Other _____					
FAMILY INFORMATION					
NAME (Last, First, Middle)			E-MAIL ADDRESS		
ADDRESS (if different than military member)			PERSONAL PHONE		
DEPENDANT INFORMATION					
Name(s)		Date of Birth	Name(s)		Date of Birth
<small>Privacy information a. All information obtained from individuals must be appropriately safeguarded to protect an individual's privacy. Disclosure of any records must comply with AR 340-21 and AFI 33-332. However, certain instances governed by regulation/instructions and statutes require reporting to appropriate authorities. Release of any personal information must be requested by an appropriate agency/individual "FOR OFFICIAL USE ONLY" (FOUO) and the request/release of information must be documented in writing. Prior to obtaining information, FP staff must inform clients that information may be released under limited circumstances.</small>					

Demographics: You are being asked to provide information. Your record contains demographic information, a brief description of your visit(s), and information regarding your service plan. Records are maintained for the sole purpose of continued service to you.

Services: ORNG Family Program Staff is here to assist you in a variety of ways. Our primary mission is to provide information and referral to essential resources for Service Members, Family Members, and Veterans.

Privacy and Disclosure: ORNG Family Programs respects your right to privacy; however, the staff members **DO NOT** have privileged communication. The State of Oregon is a "may warn" jurisdiction – the Oregon National Guard Service Member and Family Programs staff will report issues concerning child neglect and abuse, harm to self and others or issues that may impact security clearance approval and when referred by command they may be given minimal information.

By signing below, you are acknowledging you have read and understand the information.

 Customer Signature
 (This authorization will remain in effect for 90 days)

 Date

By signing this form, the applicant authorizes the following:

- I authorize the release of any information which was submitted with my application.
- This information will be released to _____
- This information will be released for the sole purpose of _____
- I understand that I have the right to revoke/withdraw this authorization, in writing, at any time.
- I understand that this authorization is voluntary.
- I can receive a signed and dated copy of this authorization form.

PHOTO AND NON-CONFIDENTIAL INFORMATION CONSENT AND RELEASE

I, the undersigned, do hereby consent and agree that the Oregon National Guard, its employees and agents (hereinafter, ORNG) have the right to take still photographs, videotape, sound recordings or any other digital recordings of my child(ren) and me for and during the event identified below. I also consent and agree that the ORNG has the right to use, reproduce, edit, distribute, copyright or assign in any publication, pamphlet, social media or other material the Oregon National Guard creates or uses, public or private, for marketing and/or news or social media to highlight the activities of the Oregon National Guard Family Program and its attendees. I further consent and agree that the ORNG may use my child(ren)'s and I's names and identities and reveal them therein or by descriptive text or commentary.

I do hereby release to the ORNG, its employees, and agents, all rights to exhibit, display, distribute, broadcast, post any and all media from the event identified below in print or electronic form in materials, public or private, for marketing and/or news or social media. I waive any and all rights, claims, or interest I may have to control the use of my child(ren)'s and I's identities or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me and/or my child(ren). I also understand that ORNG, its employees, and agents, are not responsible for any expense or liability incurred as a result of our participation in any recording of this event.

I hereby declare that I am at least 18 years of age, have read, understand, and agree to the foregoing statements on consent, waiver and release.

Parent or Legal Guardian Signature: _____ Date: _____

Names of Family Members: _____

Event: _____

Check box if you **DO NOT** consent to this photo release. If you check this box, you will be given a colored wrist band in order for our photographers to identify who to leave out of photos.

AUTHORIZATION TO RELEASE AND CONSENT TO EXCHANGE INFORMATION

SERVICE MEMBER DATA

Name (Last, First, Middle Initial): _____ Unit: _____

Date of Birth: _____ Civilian Email: _____

Phone Number: _____ Mailing Address: _____

AUTHORIZATION

I authorize _____, from _____
(Name of Individual) (organization/agency)

to release my information to:

Name: _____, Organization/Role: _____

Additional agencies who may receive/exchange my information: (Name, Organization/Role)

1. _____
2. _____

SOURCE AND TYPE OF INFORMATION

My consent to the exchange of information (except drug or alcohol abuse diagnoses or treatment information) applies to the following sources of information (check all that apply):

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Financial Need
<input type="checkbox"/>	<input type="checkbox"/>	Financial History
<input type="checkbox"/>	<input type="checkbox"/>	Deployment Info (DD214)
<input type="checkbox"/>	<input type="checkbox"/>	Retirement/Separation
<input type="checkbox"/>	<input type="checkbox"/>	Employment Status/Info
<input type="checkbox"/>	<input type="checkbox"/>	Family Dynamics/Relationship

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Stress or Emotional Well-being
<input type="checkbox"/>	<input type="checkbox"/>	General Concerns/Issues
<input type="checkbox"/>	<input type="checkbox"/>	Military Status/Changes
<input type="checkbox"/>	<input type="checkbox"/>	Physical Health
<input type="checkbox"/>	<input type="checkbox"/>	Medical History/Insurance Coverage
<input type="checkbox"/>	<input type="checkbox"/>	Other:

Other information that may be released or exchanged (specify): _____

The form of information that may be exchanged: (initial all that apply): _____ Written _____ Verbal _____ Computerized Data

This information may be exchanged for the following purposes: (initial all that apply):

_____ Service Coordination and Treatment Planning _____ Eligibility Determination _____ Other (please specify): _____

ACKNOWLEDGEMENT

I have read and understand this authorization and consent will remain effective until I revoke it by notifying the agencies or individuals orally or in writing. This will stop the exchange of information authorized by this document. I understand that I have the right to know what information is being exchanged, and why, when, and with whom it was shared. At my request the named agency or individuals will show me this information. A copy of this signed authorization and consent is valid to exchange information. If I do not sign this form, information will not be exchanged and I will have to contact each agency individually. This document is will expire one year from date of signature.

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

FOR OFFICIAL USE ONLY