

Oakland–Berkeley–Alameda County Continuum of Care
Explanation of Privacy Notice
CHO Staff Attestation

Client Name: _____ Date of Birth: _____

Did the client object to sharing their personally identifiable information?



☐ No ☐ Yes

By signing this Form I agree that:

1 I reviewed the privacy notice or ROI with the client and/or their representative and highlighted the following key points about their personally identifiable information:

- ✓ We must follow strict laws designed to protect their information and privacy.
- ✓ The types of information collected, used, and shared.
- ✓ The reasons for collecting, using, and sharing information.
- ✓ Steps we will take to protect their information and privacy.
- ✓ The ability to access the privacy policy, privacy notice, and a list of organizations in our network online, or by request.

2 I asked the client and/or their representative if they wanted assistance reading the privacy notice or ROI, and checked to confirm they understood the information.

3 I gave the client and/or their representative an opportunity to ask questions (“What questions do you have?”)



Staff Name: _____ Date: _____

Staff Signature: _____

Organization Name: _____