

## Consent Agreement

By signing this agreement, you give consent to disclose and share personally identifiable information on the person listed below with authorized partners in the Delta Health Alliance. The purpose of sharing this information is to allow the Delta Health Alliance to recruit and provide well-informed, coordinated services to participants and their families, to conduct ongoing evaluation and improvement of programs to better serve the community, and to report results of programs and activities to participants, residents, partners, and funders.

The Delta Health Alliance takes every precaution to protect personally identifiable information from unauthorized use or disclosure. Information obtained on persons shall not be published in a manner that will lead to the identification of any individual. This information is used solely for service provision and program evaluation purposes and identified information shall not be further redisclosed to third parties not covered by this Consent Agreement without your prior written consent.

I understand that the records to be disclosed and shared with Delta Health Alliance may include but are not limited to:

**Education records including:**

- Enrollment information
- Classroom performance and behavior
- Performance on state of MS Core Curriculum Assessments and other standardized assessments
- Grade reports
- Transcripts
- Attendance
- Survey data
- Program of study
- Internship/apprenticeship performance appraisal and Certification examination results

**Records from Delta Health Alliance Service Providers, including:**

- Intake information collected on participants (such as name, address, and date of birth)
- Participation data (such as services received, attendance dates, and length of time participating)
- Program results and assessments (such as test results and observations by program staff)

**Photographs**

I understand that Delta Health Alliance will not use any photos or videos of participants in publications, social media, or advertising without separate, clear permission. Participant privacy will be protected at all times.

Furthermore I consent that the following parties may obtain the information described above stripped of any and all direct identifiers:

- The U.S. Department of Education and its authorized contractor(s).
- The DHA external evaluators and its team of authorized researcher(s).

For up to date information and questions, please contact the Delta Health Alliance at:

**Delta Health Alliance**  
435 Stoneville Road  
Stoneville, MS 38776  
Ph (662)-686-7004

**I HAVE READ, UNDERSTOOD AND ACCEPTED THE ABOVE STATEMENTS:**

I hereby give my consent to release information as deemed beneficial to me and/or my family and will be an active participant in the process.

This Consent Agreement is valid as long as I receive service provisions from Delta Health Alliance. Until such time as I withdraw my consent, which must be communicated in writing and addressed to the Delta Health Alliance at P.O. Box 150, Indianola, MS 38751 my consent shall remain in place, valid and effective.

I have a right to receive a copy of this document.

I reserve all rights provided to me by law not waived by the scope of this consent and authorization.

**Indianola Promise Community Authorized Partners**

B.B.KingMuseum  
Burns Healthcare Institute  
Charles W. Capps Technology Center  
City of Indianola  
City of Ruleville  
Children's Defense Fund  
Delta Council  
Delta Housing Development Corporation  
Excel by 5  
First United Baptist Church  
Guaranty Bank  
Henry M. Seymour Library  
Indianola Academy  
Leland Medical Clinic

Mississippi Center for Math and Sciences  
Mississippi Campaign for Grade-Level Reading  
Mississippi Delta Community College  
Mississippi Community Financial Access Coalition  
Mississippi Department of Health and Human Services, HeadStart  
Mississippi Geographic Alliance  
Mississippi Department of Education  
National Strategic Planning and Research Center  
Planter's Bank and Trust  
Social Service Collaborative  
South Sunflower County Hospital  
SS College of Hair

St. Luke COGIC  
Strive Together  
Sunflower County Childcare Association  
Sunflower County Consolidated School District  
Sunflower Judicial System  
Sunflower United for Children  
Sunflower Humphreys County Progress, Inc.  
The United States Department of Education  
The Urban Institute  
Town of Inverness  
University of Mississippi

<b>Participant Name:</b>	<b>Date of Birth:</b>
<b>Participant Signature:</b>	<b>Today's Date:</b>
<b>Parent Signature:</b> (If participant is under Age 18)	

<i>For Delta Health Alliance Use only</i>
Entered into ETO by:
Date:
Program or Partner Collecting Agreement: