



SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP) ACKNOWLEDGMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
VOCATIONAL REHABILITATION
SFN 989 (1-2023)

I acknowledge that the Senior Community Service Employment Program (SCSEP) staff and I have reviewed:

- The following information:
 - the purpose of the SCSEP - which is training and employment.
 - the need for additional information, if necessary.
 - confidentiality and its limitations.
 - who to contact if my SCSEP staff is unavailable.
- Electronic Communications. You may request SCSEP to communicate with you electronically through unencrypted (unsecure) emails, text messages, or both. The privacy and security of electronic communications cannot be guaranteed. There is risk that any confidential information contained in such communications may be misdirected, disclosed to, or intercepted by an unauthorized recipient. You should not agree to electronic communications unless you are willing to accept these risks.

All electronic communications including those containing confidential information are unencrypted (unsecure). We will rely on the contact information you provide. You are responsible for providing the correct information and notifying us of any changes to your information. The Department is not liable for electronic communications that are not received due to technical failure or for improper disclosures of confidential information that are not a result of our negligence. The Department is not responsible for any fees imposed by your email or text message service provider. Electronic communications may be included in your SCSEP file.

The Department cannot guarantee that an electronic communication will be read and responded to within a specific period of time. The Department does not monitor electronic communications during non-business hours.

Select the type of unencrypted electronic communications you wish to receive (check all that apply)

- Email Text Messages

_____ I request and consent to receive the electronic communications selected above. I understand this request
Initials applies only to SCSEP. I understand that unencrypted (unsecure) means the added security protections that help safeguard the contents of electronic communications are removed.

- I understand my rights and responsibilities, explained to me by the SCSEP staff, and I agree to abide by them.
- And I have received the Department of Health and Human Services Notice of Privacy Practices (DN 900), which includes information about the rights I have regarding my health information and how to obtain more information about the Department's privacy practices.

I understand the importance of keeping appointments and maintaining regular contact with SCSEP staff.

Applicant/Participant Signature	Date
SCSEP Staff Signature	Date
Guardian Signature (if applicable)	Date