

## NID-HCA PRIVACY POLICY AND PRIVACY CHOICES STATEMENT

We at NID-Housing Counseling Agency value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal and non-public information.

NID-HCA is committed to assuring the privacy of individuals and families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information we share, both orally and in writing, will be managed within legal and ethical considerations.

### **Type of Information that we gather about you:**

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance(s), payment history, parties to transaction(s) and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

**Your Personal information:** This means information that identifies an individual personally and is not otherwise publicly available. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided to us on any applications or forms that you have completed.

**Your non-public personal information:** This includes information such as the amount of your total debt, income, living expenses and personal information concerning your financial circumstances. This information will be provided to creditors, program monitors, and others only with your authorization and signature. **We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future program.**

### **Release of your information to third parties**

Within NID-HCA, we restrict access to personal and non-public information about you to those employees and persons who need to know that information to provide services to you. We maintain physical electronic and procedural safeguards that comply with federal regulations to guard your non-public personal information.

### **Confidentiality and Security**

We restrict access to personal information about you to those of our employees and independent contract counselors who need to know that information in order to provide products and services to you including underwriting and servicing of loans, making loan decisions, aiding you in obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

**You may opt out of certain disclosures**

You have the opportunity to “opt-out” of disclosures of your personal and non-public personal information to **unaffiliated third parties**, meaning those parties (such as your creditors) who are not necessary for your counselor to provide you with quality counseling services. Stated plainly, you can direct us not to make those disclosures.

In order to ensure that your privacy decision is clearly recorded and made a part of your file, please complete the **Privacy Choices Statement** provided below.

I/we acknowledge receipt of a copy of this disclosure and the Privacy Choices statement. Both have been explained to my satisfaction.

Print Client Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Client Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PRIVACY CHOICES STATEMENT**

If you prefer that NID-HCA not disclose personal information or non-public information about you to unaffiliated third parties (parties not involved with your counseling process), you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted or required by law). Please check the line below to indicate your privacy choices:

\_\_\_\_\_ Do not disclose personal or non-public information about me to unaffiliated third parties, except to non-profit organizations involved in community development.

\_\_\_\_\_ Do not disclose personal or non-public information about me to unaffiliated third parties or to non-profit organizations involved in community development, except for information that is to be used by the non-profit organizations only for program review, auditing, research and oversight purposes.

\_\_\_\_\_ Do not disclose personal information about me to any unaffiliated third parties.

Print Client Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Client Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_