

## CONSENT FORM

Allies Against Slavery (“Allies”) operates an information database and platform, hereafter referred to as Lighthouse, for the purposes of identifying signs of and supporting responses to human trafficking. Specifically, Allies may collect, receive, disclose, or otherwise process your personal identifying information and sensitive personal information such as descriptions of your experiences, information about you, and other similar information, including with our third party partners who access Lighthouse, in order to:

- Enter information into Lighthouse;
- Facilitate care coordination, efficiency, and development of services;
- Enhance strategic planning between agencies, government entities, and non-profit organizations; and
- Assist with resource allocation and increase opportunities for victim identification.

The consent provided by use of this form means that Allies can receive from and disclose, communicate, or send your information to the organization, entity or person identified on the form, including through the use of any electronic means. Permission to receive and disclose information also includes Allies’ and that organization’s staff or agents and subcontractors who carry out activities and purposes permitted by this form.

Allies only permits certain organizations such as non-profit organizations and some government or municipal agencies to use Lighthouse for the above purposes, and requires that all such organization commit to keep the identifiable information in Lighthouse confidential.

I consent to the disclosure and use of my personal identifying information and sensitive personal information (including all information that I provide to the organization or person collecting such information) to Allies for the purposes and within the limitations set forth in this form.

The individual signing this form agrees and acknowledges as follows:

(i) Voluntary Authorization: This consent is voluntary.

(ii) Effective Time Period: The authorization set forth in this consent shall be in effect until the earlier of two (2) years after the death of the individual for whom this consent is made or the individual revokes the consent.

(iii) Right to Revoke: I understand that I have the right to revoke this consent at any time by contacting (in writing) the organization or person who collected this information or to Allies. I understand that I may revoke this consent except to the extent that action has already been taken based on this consent.

(iv) Signature Authorization: I have read this form and agree to the uses and disclosure of the information as described. I understand that refusing to sign this form does not stop disclosure of information that has occurred prior to revocation or that is otherwise permitted by law without my specific authorization or permission. I understand that information disclosed pursuant to this consent may be subject to re-disclosure by the recipient and may no longer be protected by federal or state privacy laws.

**SIGNATURES:**

Individual/Legal Representative\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Individual/Legal Representative Printed Name: \_\_\_\_\_

If Legal Representative, relationship to Individual: \_\_\_\_\_

\*If the individual whose information is collected is 18 years or younger, this form must be signed by the individual’s parent or legal representative.