

Go-Dark Period (after 5:00 pm on Aug. 5, 2016 - Sept. 14, 2016)
Worker Attestation of Informed Consent

For each activity for which the informed consent of the client has been obtained, please check below and fill in all fields.

Check all that apply:

Consent to Capture has been Obtained:

"I attest that, on _____, I read the required Consent Script entitled _____ to _____,
(date) (title of script) (name of client)

who provided informed consent for his/her personal information and health information collected to be recorded and maintained in the _____ data system(s). I
(name of database)

believe the above individual to have understood the scope and implications of what he or she was consenting to."

Consent to Share has been Obtained:

"I attest that, on _____, I read the required Consent Script entitled _____ to _____,
(date) (title of script) (name of client)

who provided informed consent for his/her personal information and health information collected and maintained in the _____ data system(s) to be shared through
(name of database)

such system in the manner described. I believe the above individual to have understood the scope and implications of what he or she was consenting to."

Consent to Refer/Disclose Information has been Obtained:

"I attest that on _____, _____,
(date) (name of client)

has consented to the disclosure of his or her information for the following entities for referral purposes, and I believe this individual to have understood the scope and implications of what he or she was consenting to:"

Signature

Date

Print Name