
(Entity Contacted)

(address)

(address)

(phone number)

Dear Sir/Madam,

You are receiving this notice because you have consented to your information being saved in the Statewide Client Data System maintained by the New York State Office for the Aging (NYSOFA). NYSOFA and its local partners provide many services throughout New York State. If you have questions about this database you may contact NYSOFA's Privacy Officer at NYSOFA, Agency Building 2, Empire State Plaza, Albany, NY 12223 or at (518) 474-0388.

Under the Older Americans Act and the New York State Elder Law, the Office for the Aging is instructed to develop a referral system between the providers of these services. Saving your information in the Statewide Client Data System makes it easier to make referrals between these service providers. Any personal information saved in the database is treated as confidential and is stored in accordance with all applicable federal and state laws. Refusing consent to save your information will have no effect on your eligibility for services, but may make it more difficult to make referrals.

You may also have consented to the sharing of your information in the manner described to you for referral purposes. This may have included consent to make a referral to a local provider of long term services and supports. We will not make any referrals or share your information with other service providers without specific consent to do so. Before making any referral, we will contact you and provide information about the service provider and the service, and will allow you to decide if you would like a referral to be made. If you do not, they will not be able to see your information.

There may be other ways your information is used. NYSOFA may use statistical information to provide reports required under federal or state laws. This information is reported in a way that will not include your name or any identifying information. This statistical information may also be used to monitor programs to ensure that they are administered effectively and efficiently.

Also, you may have consented to us using some of your information to help you in the event of an emergency. This would include your name, address, basic contact information, the services you receive, and any factors that create a special risk. This will only be done if there is an emergency, such as a natural disaster. If that happens, the information would only be released to individuals and entities that are assisting with the emergency, and those working on their behalf, such as first responders.

You have the option to change your mind and revoke your consent at any time. If you revoke your consent to share and make referrals, no additional entities will be able to see your information in the Statewide Client Data System and no further disclosures will be made. This revocation will have no effect on the information that has already been released to specific entities with consent. If you revoke your consent to use your information to respond to an emergency, we will not release your information in the event of an emergency.

Unless you have changed your mind and wish to revoke consent, no action is needed.

If you would like to revoke consent to share your information for referrals or to release your information in the event of an emergency, you may do so in writing. To revoke consent in writing, you must complete the Informed Consent Revocation Form, which will be provided to you upon request. If you wish to receive an Informed Consent Revocation Form, or if you have any questions, please call:

(title of designated individual)

(name of entity)

(phone number)