

**Go-Dark Period (after 5:00 pm Aug. 5, 2016 - Sept. 14, 2016)**  
**Consent to Capture (Aging Services) Script**

Client Name (first name, last name):
Address:
Phone number:
Date:

*Read or if in person, have the client read the following:*

There is currently no record in our database that matches the information you have provided. May I enter your name and contact information to continue?

I would like to ask you some questions so I can understand the situation and then we will talk about what options may be helpful. You do not need to answer any questions you do not want to.

As we talk, I will be entering the information into the Statewide Client Data System maintained by the New York State Office for the Aging. All personal health information and personal identifying information must be kept confidential by law. Only those agencies and individuals assisting you in some way will be granted secure access to see this information, with your permission.

At no time will your personal information be disclosed to third parties without proper authorization.

We will talk more about this when we discuss possible programs or services that may be able to help you. Again, you do not need to answer any questions you do not want to. If you do not want some information entered into the database, you can tell me not to enter it.

*Do I have your permission to ask questions and enter your responses into the database as I have explained to you?*

- Yes (if in person, written consent is required)**
- No (If no): I can provide you with information for you to follow up on your own, but I will not be able to capture your personal or health information or share or make any referrals on your behalf.**

User (Worker) Signature:
User (Worker) Title :
Date:
<b><i>This form must be uploaded into the new Statewide Client Data System for this individual.</i></b>