

Informed Consent to Capture and Record Personal Information (Aging Services)

I consent to the _____ saving personal information
(name of entity capturing)
provided by me or my authorized representative in the Statewide Client Data System maintained by the New York State Office for the Aging. This personal information may include, but is not limited to, medical records, employment records, government records, and any other information collected from me by _____
[name of entity].

I understand that this information is being collected to help in providing services and to identify other services which I may benefit from. I understand that the authority to provide these services and to collect my information for these purposes is found in the Older Americans Act and the New York State Elder Law.

I understand that, consistent with New York State’s Personal Privacy Protection Law, my personal information will be treated as confidential and will not be disclosed without my further informed consent for disclosure.

I acknowledge that informed consent has been explained to me and that I understand the information to be recorded, the need for the information, and that there are laws and regulations protecting the confidentiality of authorized information.

I understand that signing this authorization is voluntary and that refusal to do so will have no effect on my eligibility for services, but may make it more difficult to provide these services and to make referrals on my behalf. I have the right to revoke this authorization at any time, except to the extent that action has already been taken based upon this authorization, by writing to _____
[name of entity].

Signature

Date

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