

Informed Consent to Capture and Record Personal Information

I hereby consent to my personal information contained in this Registration Form being saved in the Client Data System maintained by the New York State Office for the Aging and used by the local Office for the Aging. I understand that my information will not be shared with other agencies without my permission.

I understand that the information on this form may be sent to the State and federal government, and is used to improve the services offered and better meet my needs.

Signature

Date

Print

ATTESTATION

To be completed by worker

I attest that informed consent, as indicated, was obtained from the above individual, who provided his/her signature above. All appropriate processes were followed, and consent was provided voluntarily.

Worker Signature

Date

Worker Name (Print)

Agency Name