

NEW YORK STATE OFFICE FOR THE AGING

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Andrew M. Cuomo, Governor

Greg Olsen, Acting Director

An Equal Opportunity Employer

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| PROGRAM INSTRUCTION | Number 16-PI-16 |
| Supersedes | |
| Expiration Date | |

DATE: August 5, 2016

TO: Area Agencies on Aging Directors, PeerPlace Champions, and NY Connects Coordinators

SUBJECT: Statewide Client Data System: Informed Consent: Written and Verbal Consent Requirements, and How to Meet Them Beginning in the Go-Dark Period

PURPOSE:

The New York State Office for the Aging, Area Agencies on Aging (AAA), and all providers of services are subject to federal and state requirements, including the Older Americans Act (OAA), and must adopt and adhere to procedures protecting the confidentiality of all information gathered from individuals in the conduct of their respective responsibilities under the Act. This includes obtaining the informed consent of an individual for the purpose of disclosing personal information to service providers for referral or any other purpose. In addition, other laws governing consent to capture, share, and disclose client information may apply generally to all individuals or to specific population groups. For this reason, NYSOFA has provided scripts, letters, and forms to be used as described below.

Please note that several of the forms and letters being provided are formatted with fillable fields, and must be completed for each individual. You may either fill them out electronically and then print or print them out in advance for paper copy usage. Further note that the documents to be used when operating as a participant in NY Connects may be different from those used when acting solely in the capacity of an Area Agency on Aging.

BACKGROUND:

The Statewide Client Data System incorporates consent processes that meet the OAA and other laws governing consent to capture, share, and disclose client information.

Beginning with the Go-Dark Period that starts after **5 pm on August 5, 2016**, and continues

through September 14, 2016, you will need to ensure that appropriate consent processes are in place and all forms completed for all new clients, as well as for all clients where there may be a change in their service needs that would require an assessment, reassessment, or new referral.

This Program Instruction (PI) covers written and verbal consent processes for the Go-Dark period, in preparation for the launch of the new Statewide Client Data System. The consent processes are similar to those that will be part of the Statewide Client Data System that will be implemented at Go-Live (September 15, 2016).

Written and Verbal Consent

This PI also covers key differentiations about when it is acceptable for the worker to obtain verbal consent (i.e., interactions taking place over the phone), and when it is required for the worker to obtain written consent (i.e., in-person interactions). While processes of obtaining consent are similar for AAA-related functions and NY Connects-specific functions, there are distinctions, and the scripts and forms provided with this PI reflect these differences. Additionally, worker attestation is required in all instances when consent is obtained.

Both written and verbal consent processes are broken out into three components: 1) consent to capture; 2) consent to share; and 3) consent to refer. This allows the worker to provide the specific information to inform the client, as well as to follow the flow of the different stages of interaction with the client in the course of a phone call or in-person meeting. There are separate scripts and other related information for the consent to capture, consent to share, and consent to refer stages of the interaction with the client. The intent is to allow the process to flow, while also obtaining informed consent.

Below are the consent processes for new clients and for existing clients:

New Clients

Written Consent

Beginning with the Go-Dark Period (after 5 pm on August 5, 2016), and continuing in the new Statewide Client Data System at Go-Live (September 15, 2016), written consent needs to be obtained from all new clients who are being met with in-person and/or having an assessment conducted.

Beginning with the Go-Dark Period, please use the appropriate forms to obtain written consent. This will be needed in order to enter data into the new Statewide Client Data System when the system goes live. Both the signed written informed consent form and the completed and signed attestation by the staff person will need to be scanned into the Statewide Client Data System and attached to the client's record beginning on September 15, 2016, the Go-Live date. For client data and accompanying written consent collected during the Go-Dark period, the goal is to have all the data entered by December 31, 2016, into the Statewide Client Data System.

Verbal Consent

Beginning with the Go-Dark Period and continuing in the new Statewide Client Data System at Go-Live, verbal consent needs to be obtained for new callers you are speaking with on the telephone for the following programs and services:

- AAA Information and Assistance (I&A);
- NY Connects Information and Assistance (I&A);
- NY Connects Options Counseling; and
- Health Insurance Information Counseling and Assistance Program (HIICAP).

Additionally, verbal consent must be obtained for all new callers you are speaking with, regardless of the program or service, to capture their information, to share any personally identifying information and/or health information, and for each referral you may make for an individual to service providers.

To obtain verbal consent, the appropriate script(s) must be read and verbal consent must be documented, including the date and time consent was obtained. Additionally, the staff person obtaining consent must complete and sign the attestation. Hard copy documentation of verbal consent needs to be maintained during the Go-Dark period. The verbal consent script and completed and signed attestation by the staff person will need to be scanned into the Statewide Client Data System and attached to the client's record beginning on September 15, 2016, Go-Live date. For client data and accompanying verbal consent collected during the Go-Dark period, the goal is to have all the data entered by December 31, 2016, into the Statewide Client Data System.

Existing Clients –

- **Note:** Applicable to new activity including assessments, reassessments, new referrals

Written Consent

Beginning with the Go-Dark Period and continuing in the new Statewide Client Data System at Go-Live, written consent is needed from all existing clients who are being met with in-person, for a reassessment, or for new activity related to their services needs where that will be reflected in the Statewide Client Data System.

To obtain written consent, please use the appropriate scripts and forms. All consent forms signed by the client and the completed and signed attestation by the staff person will need to be scanned into the Statewide Client Data System and attached to the client's record beginning on the September 15, 2016, Go-Live date. For client data and accompanying written consent collected during the Go-Dark period, the goal is to have all the data entered by December 31, 2016, into the Statewide Client Data System.

Verbal Consent

Beginning with the Go-Dark Period (after 5 pm on August 5, 2016), and continuing in the new Statewide Client Data System at Go-Live, when any of the following are performed:

- AAA Information and Assistance (I&A);
- NY Connects Information and Assistance (I&A);
- NY Connects Options Counseling; and
- Health Insurance Information Counseling and Assistance Program (HIICAP)

verbal consent must be obtained for callers you are speaking with in order to: 1) capture information, 2) share their information or 3) refer to service providers.

To obtain verbal consent, the appropriate script(s) must be read and verbal consent needs to be documented, including the date and time consent was obtained. For clients who already have consented to capture their information, the consent in this case may be consent to share and consent to refer.

Additionally, the staff person obtaining consent must complete and sign the attestation. Hard copy documentation of verbal consent must be maintained during the Go-Dark period. The verbal consent script and the completed and signed attestation by the staff person will need to be scanned into the Statewide Client Data System and attached to the client's record beginning on the September 15, 2016, Go-Live date. For client data and accompanying verbal consent collected during the Go-Dark period, the goal is to have all the data entered by December 31, 2016, into the Statewide Client Data System.

The following are the instructional steps to obtain written or verbal consent:

Scripts, Follow Up Letters, and Worker Attestation

Scripts, follow up letters, and worker (staff) attestation forms are attached. In order to enter any data into the new Statewide Client Data System, the consent information collected for each client during the Go-Dark period will need to be scanned into the system and attached to the particular client's record, beginning on the September 15, 2016, Go-Live date. As is the case with all other data collected during the Go-Dark period, the goal is for all data to be entered into the Statewide Client Data System by December 31, 2016.

Capturing Consent during Go-Dark Period beginning after 5 pm on August 5, 2016, – September 14, 2016, and in the new Statewide Client Data System: Scripts

NYSOFA is providing scripts for written and verbal consent, and forms to be used during the Go-Dark Period, in preparation for when the Statewide Client Data System will become available for data entry as described below. Please note that several of the forms and letters provided contain fillable fields that must be filled in for each specific use. You may either fill them out electronically and then print or print them out in advance for paper copy usage.

Some of the scripts and forms to obtain consent associated with NY Connects are somewhat different from those used when acting solely in the capacity of an Area Agency on Aging (AAA). The scripts and forms to be used for NY Connects are specified in the heading of the document. However, the worker attestation of informed consent forms are the same for NY Connects and Aging Services.

These scripts and forms are built into the Statewide Client Data System. Beginning with the September 15, 2016, Go-Live date, similar processes in obtaining informed consent as those outlined in this PI will continue to be used in the new System. In most instances, the worker will be automatically prompted to obtain consent when it is necessary and provided with the appropriate scripts and forms.

Verbal Consent

*AAA or its contractor/subcontractor is operating solely as an AAA/acting on behalf of the AAA, and speaks with the **client via telephone** (i.e., AAA I&A, HIICAP).*

- a. Prior to capturing any information to be later entered into the Statewide Client Data System, the worker must read to each new client the **Informed Consent to Capture (Aging Services) Script**.
- b. If the client consents to his or her information being captured in the data system, the client must be mailed or emailed an **Informed Consent Follow-Up Letter (Aging Services)**, and the date sent must be documented.
- c. After obtaining consent, the worker must complete and sign the **Informed Consent Attestation Form**.
- d. The script, copy of the Informed Consent Follow-Up Letter (Aging Services) delivered to the client, completed attestation form, and date completed must be saved in the client's file, and will need to be scanned into the new Statewide Client Data System in association with the client's record when the system goes live.
- e. Before any disclosures (sharing and referring) of information collected may be made, the worker must first read to the client the **Informed Consent to Share (Aging Services) Script**, which explains the process of sharing and which will be used in the Statewide Client Data System. The **Informed Consent Attestation Form** must be completed, signed, and saved with a copy of the script(s).
- f. The client must then be read the **Informed Consent to Refer (Aging Services) Script** for the specific referral(s) being made by the worker to another agency. The **Informed Consent Attestation Form** must be completed, signed, and saved with a copy of the script.
Note: The **Informed Consent to Refer (Aging Services) Script** must be read for each new referral made, and the client must specifically consent to each referral before it is made. Additionally, a new **Informed Consent Attestation Form** must be completed each time.
- g. The consent to share script, consent to refer script, and completed attestation forms must be saved with the client's file so that they may be scanned into the client's record in the new Statewide Client Data System.

*NY Connects - speaking with the **client via telephone**:*

- a. Prior to capturing any information to be later entered into the Statewide Client Data System, the worker must read to each new client the **Informed Consent to Capture (NY Connects) Script**.
- b. If the client consents to his or her information being captured in the data system, the client must be mailed or emailed an **Informed Consent Follow-Up Letter (NY Connects)**, and the date sent must be documented.
- c. After obtaining consent, the worker must complete and sign the **Informed Consent Attestation Form**.
- d. The script, copy of the Informed Consent Follow-Up Letter (NY Connects) delivered to

the client, completed attestation form, and date completed must be saved in the client's file and will need to be scanned into the new Statewide Client Data System in association with the client's record when the system goes live.

- e. Before any disclosures (sharing and referring) of information collected may be made, the worker must first read to the client the **Informed Consent to Share (NY Connects) Script**, which explains the process of sharing which will be used in the Statewide Client Data System. The **Informed Consent Attestation Form** must be completed, signed, and saved with a copy of the script(s).
- f. The client must then be read the **Informed Consent to Refer (NY Connects) Script** for the specific referral(s) being made. The **Informed Consent Attestation Form** must be completed, signed, and saved with a copy of the script.
Note: The **Informed Consent to Refer (NY Connects) Script** must be read for each new referral made, and the client must specifically consent to each referral before it is made. Additionally, a new **Informed Consent Attestation Form** must be completed each time.
- g. The consent to share script, consent to refer script, and completed attestation forms must be saved with the client's file so that they may be scanned into the client's record in the new Statewide Client Data System.

Written Consent

*AAA or its contractor /subcontractor is operating solely as an AAA/acting on behalf of the AAA, and speaks with the **client in-person**:*

- a. Prior to capturing any information to be later entered into the Statewide Client Data System, the worker must provide the client with an **Informed Consent to Capture Form (Aging Services)** and obtain the client's signature. The original signed form must be saved in the client's file.
- b. At the time of signing, the client must be provided with a copy of the signed form as well as a copy of the **Informed Consent In-Person Notice (Aging Services)**. The original signed form must be saved in the client's file. This may require client signing two forms, one to be retained by the client and one to be retained by the worker.
- c. Before any disclosures (sharing and referring) of information collected may be made, the client must be provided with and sign an **Informed Consent to Share Form**. The client must be provided with a copy of the signed form, and the original must be saved in the client's file. This may require client signing two forms, one to be retained by the client and one to be retained by the worker.
- d. After obtaining consent, the worker must complete and sign the **Informed Consent Attestation Form**.

*NY Connects - speaking with the **client in-person**:*

- a. Prior to capturing any information to be later entered into the Statewide Client Data System, the worker must provide the client with an **Informed Consent to Capture Form (NY Connects)** and obtain the client's signature. The original signed form must be saved in the client's file.
- b. At the time of signing, the client must be provided with a copy of the signed form as well as a copy of the **Informed Consent In-Person Notice (NY Connects)**. The original signed form must be saved in the client's file. . This may require client signing two forms, one to be retained by the client and one to be retained by the worker.
- c. Before any disclosures (sharing and referring) of information collected may be made, the client must be provided with and sign an **Informed Consent to Share Form**. The client must be provided with a copy of the signed form, and the original must be saved in the client's file. This may require client signing two forms, one to be retained by the client and one to be retained by the worker.
- d. After obtaining consent, the worker must complete and sign the **Informed Consent Attestation Form**.

If Consent is Not Granted by the Client

There may be situations where the client does not provide consent, or they may grant consent to capture their information, but not to share or refer on their behalf. The following outlines approaches the AAA and its contractors/subcontractors may take should consent not be granted by the client to capture, and/or share, and/or refer on their behalf.

Written Consent

If the client does not provide written consent where it is required, the worker can only proceed with giving the client information for their use. The worker cannot proceed with certain types of work; this includes conducting an assessment for a new client, or developing a care plan or service plan for a new client or modifying a care plan or service plan that includes new referrals, until and unless the client provides their written consent for such. Although the written consent forms contain the required information that the client will read, the scripts may be read or may be referred to for guidance as they will contain information the worker can use to explain to the client the importance of the information, what is done to keep their information secure, and why they are being asked to consent. No personally identifying information or health information may be captured in the person's record if for any reason they have not consented to have their information captured. This applies to all programs and services.

Verbal Consent

Where verbal consent is being requested during a phone call, there may be instances where the individual does not want to provide their consent to have their information captured, or shared, or used for a referral. The scripts are intended to provide information the worker can use to explain that they can provide information to the client on the phone so that the client can follow up on his/her own with information that can be provided by the worker to the client for any follow

up activities. If the client wishes for the worker to assist with activities, their consent is needed in order to capture certain information that is needed in order to proceed. No personal identifying information or health information may be captured in the person's record if for any reason they have not consented to have their information captured. This applies to all programs and services.

NY Connects I&A

For NY Connects I&A, if a client does not consent to capturing their information, the worker can provide information to the client for his/her follow up; the worker is not able to follow up on the client's behalf without their consent. For purposes of obtaining the unit of service, a record may be initiated by entering the client as an "anonymous, anonymous" client (anonymous first name and anonymous last name). No personal identifying information or health information may be captured in the person's record if they have not consented to have their information captured.

AAA I&A

For AAA I&A, if a client does not consent to capturing their information, the worker can provide information to the client for his/her follow up; the worker is not able to follow up on the client's behalf without their consent. For purposes of obtaining the unit of service, a record may be initiated by entering the client as an "anonymous, anonymous" client (anonymous first name and anonymous last name). No personal identifying information or health information may be captured in the person's record if they have not consented to have their information captured.

HIICAP

For the HIICAP Program, during the Go-Dark period, data will be entered directly into SHIP TALK (See 16-TAM-04 for specific information). For individuals seeking assistance of HIICAP, if they do not provide their consent to capture their information, a record may be initiated by entering the client as an "anonymous, anonymous" client (anonymous first name and anonymous last name). No personal identifying information or health information may be captured in the person's record if they have not consented to have their information captured.

Entering the client as "anonymous, anonymous" allows the worker to comply with the individual's expressed wishes while still making it possible to capture the provision of units of service for AAA I&A, NY Connects I&A, and HIICAP, and to record the necessary data for reporting purposes.

If Consent is Revoked by the Client

All clients will be provided the option to revoke consent previously granted at any time, and will be notified of this option through either an Informed Consent Follow-Up Letter or and Informed Consent In-Person Notice. Clients wishing to revoke consent will be directed to call the AAA to request a revocation form. Clients calling to request a revocation form who first provided consent in connection with the NY Connects Program should be provided with the **Revocation of Consent Form (NY Connects)**. Clients who first provided consent in connection with a program other than NY Connects should be provided with the **Revocation of Consent Form (Aging Services)**. These forms should be provided by mail, or by email if requested by the client.

Any revocation of consent will apply prospectively only, and will have no effect on disclosures already made with the client's consent. If a client returns a revocation form indicating revocation of consent to share and refer, no further disclosures of the client's information may be made. If

a client lists only specific entities to which disclosures may not be made, no disclosures may be made to such entities. Any revocation form received must be saved in the client's file and will need to be scanned into the Statewide Client Data System. During the Go-Dark Period, the saved revocation form or a note of it should be placed conspicuously in the client's file such that anyone viewing the file will be aware that consent has been revoked.

Summary and Next Steps

The steps and scripts outlined above are to be used throughout the **“Go-Dark” Period of after 5 pm on August 5, 2016, - September 14, 2016.** During this time, any data entered by AAAs into their existing data systems will not be migrated to the Statewide Client Data System, which is set to go live on September 15, 2016. All data collected during the Go-Dark Period will need to be manually entered into the Statewide Client Data System beginning September 15, 2016.

AAAs are encouraged to use tools described in 04-TAM-16 to keep track of clients served during the Go-Dark period, and may choose to add information to a spreadsheet or other means the AAA will be using to document clients from whom consent has been obtained to capture, share, and refer information during the Go-Dark Period in order to assist you with data entry once the new system is available.

When the Statewide Client Data System goes live, similar processes for obtaining consent will be in place within the system for verbal and written consent. The same forms and scripts are available within the Statewide Client Data System. AAAs will need to follow verbal and written consent procedures that are built into the system when it goes live.

The steps included in this PI are intended to serve as general guidance on steps to be followed for written and verbal consent, and the documents to be used in various situations.

NYSOFA will provide additional, more in-depth information in the form of a PowerPoint presentation, which will be presented and made available as soon as possible. This PowerPoint will address both the broader concept of informed consent and the processes to be followed in ensuring that it is properly obtained.

To further assist you with required consent processes, NYSOFA also will provide additional information about written and verbal consent by Webinar and other materials as needed to further clarify the policies and reasons for obtaining consent.

PeerPlace also will provide training on the operation and functionality of consent processes that have been built into the Statewide Client Data System.

Attachments:

For use in obtaining verbal consent:

- Informed Consent to Capture (Aging Services) Script
- Informed Consent to Capture (NY Connects) Script
- Informed Consent to Share (Aging Services) Script
- Informed Consent to Share (NY Connects) Script
- Informed Consent to Refer (Aging Services) Script
- Informed Consent to Refer (NY Connects) Script
- Informed Consent Follow-Up Letter (Aging Services)

Informed Consent Follow-Up Letter (NY Connects)

For use in obtaining written consent

- Informed Consent to Capture Form (Aging Services)
- Informed Consent to Capture Form (NY Connects)
- Informed Consent to Share Form
- Informed Consent In-Person Notice (Aging Services)
- Informed Consent In-Person Notice (NY Connects)

For use in obtaining verbal and written consent

- Informed Consent Attestation Form

For use in revoking consent

- Revocation of Consent Form (NY Connects)
- Revocation of Consent Form (Aging Services)



PROGRAMS AFFECTED:

- | | | | | |
|---|---|---|--|--|
| <input checked="" type="checkbox"/> Title III-B | <input checked="" type="checkbox"/> Title III-C-1 | <input checked="" type="checkbox"/> Title III-C-2 | | |
| <input checked="" type="checkbox"/> Title III-D | <input checked="" type="checkbox"/> Title III-E | <input checked="" type="checkbox"/> CSE | <input checked="" type="checkbox"/> WIN | <input checked="" type="checkbox"/> Energy |
| <input checked="" type="checkbox"/> EISEP | <input checked="" type="checkbox"/> NSIP | <input checked="" type="checkbox"/> Title V | <input checked="" type="checkbox"/> HIICAP | <input type="checkbox"/> LTCOP |

Other: NY Connects;
BIP Caregiver Support Program, All programs in the Statewide Client Data System

CONTACT PERSON: Curtis Fredericks
Email: Curtis.Fredericks@aging.ny.gov

TELEPHONE: (518) 474-0356

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

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|--------------------------------------|
| 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: |
| <i>This form must be uploaded into the new Statewide Client Data System for this individual.</i> |

Go-Dark Period (after 5:00 pm on Aug. 5, 2016 - Sept. 14, 2016)
Informed Consent to Capture (NY Connects) Script

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

Read the following:

There is currently no record in our statewide 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.

I will ask questions about your living situation, health and mental health. I will also ask about activities such as cooking, cleaning, and personal care and any difficulties with doing these activities. Other questions will be about state and/or federal benefits you may currently receive and what needs you may have. I will likely ask some general financial questions to see if you might be eligible to apply for any public programs that may help you. These questions are part of what is called the No Wrong Door Screen. The purpose is to help find out what needs you may have and also which service system and kinds of services may assist you. 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: |
| <i>This form must be uploaded into the new Statewide Client Data System in association with NY Connects Client Record for this individual.</i> |

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

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

Read the Following:

As we discuss options, there may be agencies or programs you would like me to contact on your behalf. Or, you may want help with filling out applications for public benefit programs, such as Medicaid. With your permission, we can share information that you have told me during this call with agencies or programs that may assist you with obtaining services. We will only share your information with an agency or program with your consent. We will talk more about which agencies that might be, if any, depending on what may be useful to you.

If you permit us to share your information, we will be better able to help you contact other agencies or programs on your behalf.

But, if you do not want us to share your information, it will not affect your eligibility for public benefits or your ability to seek services on your own. It does mean we will not be able to help with referrals or contact other agencies or programs on your behalf.

Do I have your permission share information from the database as I have explained to you?

- Yes (if in person, written consent is required)**
- No (If no): If no, provide information for referrals to the individual for his/her follow-up.**

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

Go-Dark Period (after 5:00 pm on Aug. 5, 2016 - Sept. 14, 2016)
Informed Consent to Share (NY Connects) Script

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

Read the Following:

As we discuss options, there may be agencies or programs you would like me to contact on your behalf. Or, you may want help with filling out applications for public benefit programs, such as Medicaid. With your permission, we can share information that you have told me during this call with agencies or programs that may assist you with obtaining services. We will only share your information with an agency or program with your consent. We will talk more about which agencies that might be, if any, depending on what may be useful to you.

If you permit us to share your information, we will be better able to help you contact other agencies or programs on your behalf.

But, if you do not want us to share your information, it will not affect your eligibility for public benefits or your ability to seek services on your own. It does mean we will not be able to help with referrals or contact other agencies or programs on your behalf.

Do I have your permission to share information from the database as I have explained to you?

- Yes (if in person, written consent is required)**
- No (If no): If no, provide information for referrals to the individual for his/her follow-up.**

| |
|---|
| User (Worker) Signature: |
| User (Worker) Title : |
| Date: |
| <i>This form must be uploaded into the new Statewide Client Data System in association with NY Connects Client Record for this individual.</i> |

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

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

Read the following:

Do I have your permission to release your personal information contained in the Statewide Client Data System to

_____,
(Insert Agency Name/Program Name)
including what you are seeking help with?

- 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 make a referral on your behalf.**

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

Go-Dark Period (after 5:00 pm on Aug. 5, 2016 - Sept. 14, 2016)
Informed Consent to Refer (NY Connects) Script

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

Read the following:

Do I have your permission to release your personal information contained in the Statewide Client Data System maintained by the New York State Office for the Aging to

_____,
(Insert Agency Name/Program Name)
including what you are seeking help with?

- 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 make a referral on your behalf.**

| |
|---|
| User (Worker) Signature: |
| User (Worker) Title : |
| Date: |
| <i>This form must be uploaded into the new Statewide Client Data System in association with the NY Connects Client Record for this individual.</i> |

(Entity Contacted)

(address)

(address)

(phone number)

(name)

(address)

(address)

(city/state/zip)

(day/date)

Dear Sir/Madam,

I am sending this as a follow up to our phone conversation on _____
(Date)

During that conversation, you 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 Statewide Client Data System 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, NYSOFA 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.

As we discussed on the phone, you have the option to change your mind and revoke consent. 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)

(Entity Contacted)

(address)

(address)

(phone number)

(name)

(address)

(address)

(city/state/zip)

(day/date)

Dear Sir/Madam,

I am sending this as a follow up to our phone conversation on _____
(Date)

During that conversation, you consented to your information being saved in the New York State Office for the Aging (NYSOFA) Statewide Client Data System and UAS-NY statewide database. New York Connects is an Aging and Disability Resource Center which is provided by the NYSOFA and the New York State Department of Health (NYSDOH). It provides assistance and information on the many services available to help people remain independent in their daily lives. New York Connects serves as a link to many of these services. If you have questions about these databases 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 databases makes it easier to make referrals between these service providers. Any personal information saved in the databases is treated as confidential and is stored in accordance with all applicable federal and state laws. If you do not give consent to save your information, this will have no effect on your eligibility for services, but it 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.

There may be other ways your information is used. The NYSOFA or the NYSDOH 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.

As we discussed on the phone, you have the option to change your mind and revoke your consent. 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)

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

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

Print

Informed Consent to Capture and Record Personal Information (NY Connects)

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 and in the UAS-NY Database maintained by the New York State Department of Health. This information may include, but is not limited to, personal and health information and any other information concerning me collected by _____
[name of entity].

I understand that this information is being collected to help in providing services under the New York Connects Program 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 any personal information saved in the databases is treated as confidential and is stored in accordance with all applicable federal and state laws.

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

Print

Informed Consent to Share and Disclose Personal Information

I request and consent to the release by _____
[Entity making referral]
of all requested records, including but not limited to personal and health information and any other
information concerning me which I have provided to _____
[entity making referral]
to the following entities for the purpose of making referrals for services:

I understand that these records are being released for the purposes of making a referral to
_____ and to help in providing me services.
[name of entity receiving referral]
_____ may access and use these records for purposes related to
[name of entity receiving referral]
the provision of services, but will make no further disclosures without my further informed consent.

I acknowledge that informed consent has been explained to me and that I understand the
information to be released, 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 allow disclosures will
have no effect on my eligibility to receive services. 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].
and the provider of information and records named above.

I authorize use of a fax or scanned copy of this consent for release or disclosure of requested
information and records.

Signature

Date

Print

(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)

(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 New York State Office for the Aging Statewide Client Data System and the UAS-NY Statewide Database. New York Connects is an Aging and Disability Resource Center which is provided by the New York State Office for the Aging (NYSOFA) and the New York State Department of Health (NYSDOH). It provides assistance and information on the many services available to help people remain independent in their daily lives. New York Connects serves as a link to many of these services. If you have questions about these databases, 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 databases makes it easier to make referrals between these service providers. Any personal information saved in the databases 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 and NYSDOH 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 these databases 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)

Revocation of Consent

This form is being provided based upon your request. It may be used to revoke your consent to share your information and make referrals.

If you revoke this consent, no further disclosures of your information will be made following the effective date, which is the date the fully completed form is received by our agency. Revocation will have no effect on disclosures previously made with your consent.

To revoke consent to share your information which is contained in the Statewide Client Data System or UAS-NY Database for making referrals, check the first box below and complete all fields. If you wish only to revoke your consent to make referrals to certain entities, check the second box below and use the space provided to list those specific entities. To revoke your consent to release your information in the event of an emergency to those responding to the emergency, check the third box in addition to any other box checked. If this form is being completed on behalf of the person whose information is stored by his or her legal representative, please indicate this in the space provided. All fields should be completed using the contact information on file for the individual whose information is stored. Revocation of consent by a legal representative will only be effective if our agency has received verification of such legal representative.

Once completed, please mail this form to our agency at the address below. If you have any questions or concerns, please feel free to contact us at the telephone number provided.

Address:

(AGENCY NAME)

Attn:

(CONTACT UNIT OR INDIVIDUAL)

(ADDRESS)

(ADDRESS)

(City/State/Zip)

Telephone:

(CONTACT UNIT OR INDIVIDUAL)

() _____

(Phone)

I hereby revoke my consent to share or disclose any of my personal information that is stored in the Statewide Client Data System or UAS-NY Database for purposes of making referrals. I understand that this will have no effect on disclosures made prior to the effective date of this revocation.

I hereby revoke my consent to share or disclose my personal information with the following entities:

I hereby revoke my consent to disclose any of my personal information for purposes of responding to an emergency

Is this form being completed and signed on behalf of a client by his or her legal representative? Please check:

YES NO

If yes, complete the following (please print):

Name of Legal Representative

(_____)
Telephone Number

Address (Street, Town, State, Zip)

CLIENT INFORMATION

Client Name (print): _____

Address: _____

Telephone Number: (_____) _____

Client ID# (if applicable): _____

Signature

Date

Name (Print)

Revocation of Consent

This form is being provided based upon your request. It may be used to revoke your consent to share your information and make referrals.

If you revoke this consent, no further disclosures of your information will be made following the effective date, which is the date the fully completed form is received by our agency. Revocation will have no effect on disclosures previously made with your consent.

To revoke consent to share any of your information which is contained in the Statewide Client Data System maintained by the New York State Office for the Aging, check the first box below and complete all fields. If you wish only to revoke your consent to make referrals to and share information with certain entities, check the second box below and use the space provided to list those specific entities. To revoke your consent to release your information in the event of an emergency to those responding to the emergency, check the third box in addition to any other box checked. If this form is being completed on behalf of the person whose information is stored by his or her legal representative, please indicate this in the space provided. All fields should be completed using the contact information on file for the individual whose information is stored. Revocation of consent by a legal representative will only be effective if our agency has received verification of such legal representative.

Once completed, please mail this form to our agency at the address below. If you have any questions or concerns, please feel free to contact us at the telephone number provided.

Address:

(AGENCY NAME)

Attn:

(CONTACT UNIT OR INDIVIDUAL)

(ADDRESS)

(ADDRESS)

(City/State/Zip)

Telephone:

(CONTACT UNIT OR INDIVIDUAL)

() _____

(phone)

I hereby revoke my consent to share or disclose any of my personal information that is stored in the Statewide Client Data System for purposes of making referrals. I understand that this will have no effect on disclosures made prior to the effective date of this revocation.

I hereby revoke my consent to share or disclose my personal information with the following entities:

I hereby revoke my consent to disclose any of my personal information for purposes of responding to an emergency

Is this form being completed and signed on behalf of a client by his or her legal representative? Please check:

YES NO

If yes, complete the following (please print):

Name of Legal Representative

(_____)
Telephone Number

Address (Street, Town, State, Zip)

CLIENT INFORMATION

Client Name (print): _____

Address: _____

Telephone Number: (_____) _____

Client ID# (if applicable): _____

Signature

Date

Name (Print)