



Genesee County Office for the Aging

DIANA FOX
Director

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Name: _____ Date of Birth: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email Address: _____

Do you currently receive our Gene-Senior Newsletter: Yes No

If no, please circle if you would like to start receiving it via: Email or Mail (circle one)

Informed Consent to Collect and Record Personal Information

I consent to the NY Connects/Genesee County Office for the Aging saving personal information provided by me or my authorized representative in the Client Data System maintained by the New York State Office for the Aging (NYSOFA). Saving my information like this allows other agencies that use the Client Data System to see my information if a referral is made, but this will only happen with my permission.

I understand that this information is being collected to help in providing services under State Office for the Aging and local offices for the Aging. It also helps to identify other services that I may need. I understand that this information is needed in order for some services to be provided. 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, per New York State's Personal Privacy Protection Law, my personal information will be kept confidential. It will not be shared without my permission.

I understand what information will be recorded, the need for the information, and that there are laws and regulations protecting my information.

I understand that signing this authorization is voluntary, but that refusal to do so may limit options available to me.

Signature of individual or legal representative

Date

Name of Individual Being Served (please print)

If legal representative, provide your name and relationship to individual being served (please print)



FOR OFFICE USE ONLY

ATTESTATION (to be completed by worker)

I attest that informed consent, as indicated, was obtained from the individual, who provided their signature on the front page. All appropriate processes were followed, and consent was provided voluntarily.

Signature of Worker

Date

Worker Name (please print)