

Carefirst Seniors and Community Services Association
Consent to Collection and Sharing of Personal Information

Carefirst Seniors and Community Services Association and the designated **Service Provider** will be providing health care services for you. To meet your needs and serve you well, Carefirst and the designated **Service Provider** needs to know your health and personal information.

Carefirst and the designated **Service Provider** collects, uses, discloses and stores only the information needed to provide service to you. The information will be kept confidential. We will not give out any of your personal information without consent, unless sharing the information with others is necessary to providing services to you and/or is authorized by law. Carefirst may share your assessment information with other providers via an electronic sharing system.

Carefirst may use your information to:

- Make decisions about the types of service or treatment you need;
- Monitor the provision of services to you and evaluate your goal achievement and satisfaction with our service;
- Release your health information to health service personnel due to your health emergency
- Communicate with other service providers and make referrals;
- Administer, manage, plan, research and allocate resources within the agency;
- Keep your information on file;
- Meet legal and regulatory requirements;
- Your name and contact information may be used for correspondence purposes solely for Carefirst Foundation and Carefirst Seniors & Community Services Association. If you prefer not to be on this mailing list, contact us at 416-502-2323.

These are your rights regarding your personal and health information:

- You may see or access your information;
- You may ask for and receive a copy of your health record;
- You may add an addendum to your record to correct the information;
- You may make a complaint to our Privacy Officer about access to your personal information, or about how it is collected, stored, used or disclosed to others;
- You may withdraw your consent at any time.

This summary has been reviewed with me. I have had an opportunity to have any questions answered about the agency's policy and my rights.

I authorize the collection, use, disclosure and storage of my personal information by Carefirst and the designated **Service Provider** in the manner described above.

Signature of client

Print Name

Date