



Health and Wellness Unit Evidence-based Programs



Consent Form

Evidence-based Program Name: _____

Important Confidentiality Notice

The information collected by the Department of Elder Affairs' (DOEA) Health and Wellness Unit's evidence-based programs is used by DOEA to improve the program and meet state and federal funding requirements. The information may also be shared with participating organizations that work with DOEA.

All participating organizations are required to keep information about you confidential.

I give my permission for my information to be given to participating organizations and state/federal agencies.

Signature: _____ Printed Name: _____

Date: ____/____/____

I understand that participating organizations may want to contact me in the future to ask additional questions about my experience with the program, in order to determine the effectiveness of the program. I understand that my participation is **completely voluntary**.