



# NOTICE

## Informed Consent

The information collected on this form may be shared with the Maryland Department of Aging (MDoA). Upper Shore Aging, Inc. and MDoA will not share any personal information which identifies you (such as your name, social security number, address, or telephone number) with any other person or agency. Upper Shore Aging, Inc. and MDoA will use the information collected to prepare local, state and federal reports and to help improve programs and services for seniors in Maryland but will keep your identity confidential.

You may refuse to provide any or all the information requested on the attached form. If you refuse to provide the information requested, you will still be eligible to receive any service which does not require proof of limited income information and proof of identity to receive any service which requires proof of a limited income.

You may also refuse to share certain specific identifying information you provide on this form with MDoA (name, social security number, personal street address, phone number, emergency contact information, and employer information).

You may inspect your personal information at Upper Shore Aging, Inc., 100 Schaubert Road, Chestertown, MD 21620 (410-778-6000 or 1-800-721-6651) or at MDoA's office at 301 West Preston Street, Suite 1007, Baltimore, MD 21201 (1-800-Age-DIAL). You must provide a written request. Upper Shore Aging, Inc. and MDoA will allow you to inspect your personal information as soon as reasonably possible, but not later than 30 days from the date of your request. You must provide proof of your identity at the time of your inspection.

.....  
I have read and understand the above informed Consent Notice.

(Please check the one that applies)

**I consent** to share the information with the Maryland Department of Aging \_\_\_\_\_

**I do not consent** to share information with the Maryland Department of Aging \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date