



Informed Consent to the Holding and Releasing of Personal Information

In order to provide Home Care Services under the Massachusetts Home Care Program, the Aging Services Access Point (ASAP) must collect personal and health information to establish your eligibility for services. Family members or other organizations involved in your care may also be contacted in order to coordinate your services. All of the information collected will be kept in confidence under the requirements of the Massachusetts General Laws. In order to provide you with adequate and appropriate care, the following parties may have access to pertinent information about you:

- appropriate personnel/contractor from the ASAP, Elder Affairs, or providers for the purpose of providing, managing, or studying the effectiveness of your services;
- MassHealth if it is paying for some of your services; and
- those who may be involved in your care so that they understand your needs. The information will likely include your name, address, telephone number, emergency contact, other household members, health conditions, ability to complete daily tasks, extent of family help provided, and type of assistance needed.

This consent form does not cover the release of information on HIV status. A separate form must be used for the release of information on HIV status.

Your Rights: You have the right to:

- ask about where and how the information is kept;
- object to what information is collected and kept;
- see and copy (at your expense) the contents of your case file;
- ask that certain information not be released to other organizations; and
- ask that certain family members not be contacted.

To the Applicant: By signing this form, you allow the ASAP to share appropriate personal and health information about you.

Signature: _____ Date: _____

Comments: _____
