

Dear Sir/Madam,

You are being provided with this letter because you have given permission for your information to be stored in the Client Data System (“Data System”) maintained by the New York State Office for the Aging. The Office for the Aging and its local partners provide many services throughout New York State. Saving your information in the Data System helps to provide services and to make referrals between service providers.

We will only save the information you provide to us. Any personal information saved in the Data System is confidential and is stored in accordance with all applicable federal and state laws. Unless you give us permission, we cannot share your information with others. Before making any referral, we will contact you. We will provide information about the service provider or government agency and the service. You will decide if you would like a referral to be made. If you do not, no referral will be made and no other agencies or providers will be able to see your information. If you consent to a referral being made to another provider, we will only share information with that specific provider.

It is important that you understand how your information is saved, why we need the information, and that it won’t be shared with another organization without your permission. If you have questions about the Data System, you may contact the New York State Office for the Aging’s Privacy Officer. You can write to the Privacy Officer at New York State Office for the Aging, Agency Building 2, Empire State Plaza, Albany, NY 12223, or call (518) 474-0388. **All other questions should be directed to the Broome County Office for Aging at (607) 778-2411.**

As we discussed, you may change your mind about sharing your information. If you do cancel your consent, any action already taken with your consent cannot be undone. Cancelling consent will only prevent future sharing of your information. If you cancel your consent to share and make referrals, we will no longer refer or share your information. However, it is important to inform you that cancelling consent may limit how we can assist you.

**If you only gave us permission to collect and record your information but not to share it with other agencies, we will not share it, and no action is needed.**

**You do not need to do anything with this letter unless you have changed your mind about working with us as we have already discussed.**

If you agreed to sharing your information for a referral or releasing certain information if there is a disaster or emergency, and if you have changed your mind about this, you must complete a form that has been specifically designed for that purpose (it is called the Informed Consent Revocation Form) and simply discontinues our permission to share your information. The form will be sent to you upon request. If you wish to receive an Informed Consent Revocation Form, or if you have any questions, please call:

Broome County Office for Aging  
(607) 778-2411