



## CONSENT FOR THE USE AND DISCLOSURE OF PERSONAL INFORMATION

CommuniCare is a community partnership of health, social, and community-based organizations that help Wyomingites receive services, work to identify your needs and connect you to resources that can help you and your family meet those needs. Your consent allows the sharing of your protected health, personal, and financial information through the electronic platform used by CommuniCare participants.

Granting consent allows staff and providers to communicate better between participating organizations. By signing below or providing your verbal consent, you allow your information to be stored and shared with participating participants. A current list of Participants, which changes over time, can be provided by CommuniCare. Send an email to [admin@wyoming211.org](mailto:admin@wyoming211.org) to request the most recent listing of providers.

Your written or verbal consent covers without restriction, all information released and re-released to the CIE by you, your family, participant organizations, or care teams. Information made known under your one-time written or verbal consent may be re-disclosed and no longer protected under applicable privacy laws. There is no adverse effect to withholding your consent or opting out from the CIE. You always have a choice to opt in at a later date. You are still eligible to receive referrals and services from any of the participating agencies.

*I understand the collection and use of all my personal information is protected by strict standards of confidentiality as outlined in writing in the CommuniCare Policies and Procedures. I also understand that my personal information will only be released in accordance with applicable State of Wyoming and U.S. Federal privacy laws.*

Client's Full Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Date Signed: \_\_\_/\_\_\_/\_\_\_ Agency Name: \_\_\_\_\_

Client's Signature: \_\_\_\_\_

If this consent is signed by a person other than the client, please indicate the relationship.

Relationship to Client: \_\_\_\_\_

Representative's Name: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_