



Caregiver Consent Form

Statement of Purpose for the Collection, Use and Disclosure of the Personal Information Provided

By signing this consent form, you will be consenting to the collection, use and disclosure of personal information contained in the Registration form and other supplementary information collected in connection with registration to access information from the Respite Provider Registry in accordance with Kindale Developmental Association's Privacy Policy.

The information that you provide will be used for the following purposes:

- to facilitate the process of connecting you with Respite Providers seeking work;
- to send you information, documents or forms required to keep your information up-to-date;
- to contact you regarding upcoming events, activities, and programs that may be of interest; and
- for quality assurance purposes, including feedback on how effective and helpful our services have been, to allow us to improve our services.

Consent

I, _____, have reviewed and fully understood the Statement of Purpose for the Collection, Use, and Disclosure of Personal Information.

I understand that I can refuse to provide consent. I also understand that at any time I can access and change my information or withdraw my consent by providing notice in writing to Kindale Developmental Association.

I authorize the collection, use, and disclosure of my personal information for all the purposes identified above.

Withholding Consent:

If there are there any restrictions regarding the collection, use, and disclosure of the information provided, please provide the details below.

Date: _____

Date: _____

Signature of Caregiver Requiring Respite

Signature of Witness

Printed name

Printed name