



Statement of Consent for New Mexico's Evidence-Based Programs

Please show us that you understand the information on this **Participant Consent Form** and how your survey information will be used. **Initial** each box you agree to and sign below. Print your name and today's date.

Initial Box	Statement of Consent
<input type="checkbox"/>	<p>I agree to allow the organization sponsoring this program to share my survey information with the U.S. Administration for Community Living (ACL); the Centers for Medicare & Medicaid (CMS); the New Mexico Department of Health; New Mexico Aging and Long-Term Services Department; Adelante Development Center, Inc.; New Mexico's Area Agencies on Aging; Blue Cross and Blue Shield of New Mexico; CHRISTUS St. Vincent Regional Medical Center; First Choice Community Health; HealthInsight New Mexico; Molina Healthcare of New Mexico; Presbyterian Healthcare Services; New Mexico AIDS Services; New Mexico Cancer Center; the New Mexico Retiree Health Care Authority; New Mexico Veterans Affairs Health Care System; and/or UnitedHealthcare.</p>
<input type="checkbox"/>	<p>I have read the information on this form or it has been read to me. I understand the information and have received answers to any questions I asked. I understand that I do not have to complete the survey and if I do not, it will not affect the services I receive.</p>
<input type="checkbox"/>	<p>I hereby agree to release and forever discharge the organization hosting this program and its employees, past and present, charged or chargeable with responsibility of, or liability from costs, expenses, services, demands, claims, actions, and causes of action relating to this activity, class, or workshop.</p>

Signature	Date (mm/dd/yyyy) / /
Print Name	