

## Information about the Mobile Market and Consent to Participate

**What is a Mobile Market:** You are being asked whether you would like to participate in a program called the Mobile Market. This program is a collaboration between Greater Lawrence Family Health Center and The Greater Boston Food Bank (GBFB). The purpose is to provide healthy fruits and vegetables in hopes of decreasing hunger and improving nutrition in the community. This food will be given out every month (unless otherwise announced) at the following location: 34 Haverhill St, Lawrence, MA.

**What we will ask you to do:** Both organizations have great respect for patient privacy and want you to know how your personal data and protected health information will be collected and shared. If you would like to sign up for the Mobile Market program, staff at the Health Center will collect some basic information on behalf of GBFB. This information may include your name, address or zip code, phone number, number of children/adults/seniors in household, a hunger screening survey, whether or not any members in the household receive SNAP, and any additional information the Health Center would like collected. If you sign an Authorization, the Health Center may also share health data such as blood pressure, weight (BMI), and blood sugar levels (ex. HbA1c) with GBFB in an effort to understand whether this program helped improve your health. Personal information will not be shared with anyone else.

**Data Collection/Storage:** A staff member from the Health Center will enter the registration information you provide into an electronic registration system called Oasis Insight (Simon Solutions, Inc.). Only designated staff from the Health Center and GBFB will be able to access these electronic records through the use of a user name and password. Data stored on Oasis Insight is secure and complies with Massachusetts laws which regulate how personal information is stored electronically. (M.G.L. c. 93H, 201 CMR 17.00).

**Use of your data:** Your registration information will help GBFB understand how many people to expect at the Mobile Market. This will help staff at GBFB to order the right amount of food. Registration information and your health data may also be shared between the Health Center and GBFB to help understand the level of hunger in the community and whether the Mobile Market helped improve health of the participants. In the event that the Health Center or GBFB wishes to report the outcome(s) of the program to the public, only de-identified data would be used. In other words, such a report would not include any information that would make it possible to identify you.

**This is a voluntary program: Taking part in the Mobile Market program is completely voluntary. If you sign up, you are always free to withdraw from the program at any time. If you do not want to share any of your Protected Health Information with GBFB and, therefore, do not sign an Authorization for the release of your Protected Health Information, you will still be able to register and participate in the Mobile Market program.**

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Client does not feel comfortable speaking or reading English and the Health Center staff member named below confirms that he/she obtained/provided interpreter services for the client in their language of choice: \_\_\_\_\_ (specify language).

\_\_\_\_\_  
Printed name (Staff)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Authorization for the Release of Protected Health Information

I hereby authorize Greater Lawrence Family Health Center to share my basic health information including blood pressure, weight (BMI), and blood sugar levels (HbA1c) with The Greater Boston Food Bank (GBFB) as part of my participation in the Mobile Market Program.

I understand and agree that:

1. With my signature the information specified above can be released to GBFB.
2. The Authorization is valid during my participation in the Mobile Market program unless I indicate a different time or reason for expiration.
3. I may revoke this Authorization at any time except to the extent that the Health Center has taken action in reliance on this Authorization. I further understand that I must provide any notice of revocation in writing to the Health Center and they will inform and provide a copy of any revocation to GBFB.
4. My refusal to sign this authorization or my revocation of this authorization will not affect my ability to participate in the Mobile Market program.

\_\_\_\_\_  
Printed name (Client)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Client does not feel comfortable speaking or reading English and the Health Center staff member named below confirms that they obtained/provided interpreter services for the client in their language of choice: \_\_\_\_\_ (specify language).

\_\_\_\_\_  
Printed name (Staff)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date