

Evaluation Description Script Virtual Workshops

****Read aloud at the start of session 1****

- Each participant received an email with attached, fillable documents for you to complete, sign and return to AgeOptions. After today's session, we will mail a paper copy of the documents along with additional workshop materials and prepaid envelopes for you to return the documents by mail if that is your preference. Of these documents, you received a privacy policy and liability form.
- The privacy policy shares how we will use your information and our HIPPA secure practices for both data collection and retention. The data we collect for our health promotion programs is stored in a HIPPA secure platform and any paper copies are stored in locked file cabinets and shredded. Only staff who have received HIPPA training will handle workshop attendance sheets and your survey forms. Data is shared as an aggregate with grant administrators, the National Council on Aging.
- The liability waiver confirms that you are participating in this workshop at your own risk and AgeOptions is not held liable.
- By participating in this virtual session, you are agreeing that you have signed these documents and will mail these documents back in the prepaid envelope along with your pre- and post- workshop survey forms.
- If you do not feel comfortable signing these documents, please sign off the session at this time.
- In this packet you also received two surveys; this workshop is made possible through a grant from the U.S. Administration on Community Living (ACL) to AgeOptions. These forms ask for demographic information, such as your name, age, and address. It will also ask about your health conditions and weekly or daily activities.
- This information is very valuable to us. We use it to learn who the program is reaching and how to improve our services. It also helps the organizations who are paying for these workshops know that they are spending their money wisely.
- Your information will be shared with The National Council on Aging, who is collecting this data to determine whether the workshops are effective in improving people's quality of life and their ability to manage their ongoing health conditions. This organization is highly regarded and will take great care to protect your information.

- We will not share your individual information for any other reason without your consent. Your information will be combined with other people's information and shared as a group, but it will not be able to be traced back to you individually.
- While completing the survey form, you may ask us to explain any questions that you find confusing. You may skip any questions that you do not want to answer. Completing the survey form is **entirely voluntary**. If you decide not to complete it, you can still participate in this program and it will not affect your relationship with us, your facilitators.
- Please take time now to read the survey form and let us know if you have any questions.

If you have any questions after completing the survey form or consent forms, you can ask your workshop facilitator or contact the Health Promotion Team at AgeOptions (800)699-9043.