



Participant Registration Packet

Registration Form

By completing the fields below, you will be registered for this class through ilpathwaystohealth.org.

* Denotes required information

Workshop ID*: _____

First Name*: _____ Last Name*: _____

Phone*: _____ Email Address: _____

Date of Birth*: _____

Address*: _____

City*: _____

State*: _____ Zip*: _____

Health Insurance Information:

Health Insurance Provider: _____

Group ID: _____

Member ID: _____

Notice of Privacy Policy

Illinois Pathways to Health by AgeOptions programs provide education, appropriate exercise for maintaining and improving strength, flexibility and endurance, and self-care strategies to help people experience improved wellness and quality of life. They are developed and verified by researchers to prevent falls, prevent and manage diabetes, and promote management of health conditions such as chronic pain, COPD, high blood pressure, and arthritis.

Illinois Pathways to Health by AgeOptions is committed to protecting the privacy of users (“you” or “your”) of its website and programs (“Programs”). This Privacy Policy states the AgeOptions practices applying to users of all Illinois Pathways to Health Programs.

BY ACCESSING AND USING THE PROGRAMS, YOU AGREE TO THE INFORMATION USE AND COLLECTION TERMS OF THIS PRIVACY POLICY. AGEOPTIONS HAS THE RIGHT TO REVISE THIS POLICY AT ANY TIME. WE MAY NOT NOTIFY USERS INDIVIDUALLY IF WE CHANGE THIS PRIVACY POLICY. ANY CHANGES WILL BE EFFECTIVE WHEN POSTED. WE ENCOURAGE YOU TO CHECK THIS PRIVACY POLICY FREQUENTLY FOR CHANGES.

Information We Collect

Users of the Illinois Pathways to Health Programs may create a user account. When you register for Programs you may provide personally identifiable information, including an email address, name and other information. You may also consent to participate in surveys related to your use of the Programs and your responses to such survey and/or healthcare related questions related to your use of the Programs will be collected in our system as well. Except as specifically stated below, we will not provide your personal information to any third parties without your express consent. For purposes of this Privacy Policy, personal information includes all information or data that is specific to you and may be used to determine your identity, such as contact information (names, addresses, phone numbers, and email addresses) and any survey or healthcare related responses you provide related to the Programs.

AgeOptions may also collect non-personal information regarding your use of the Programs with operational tools such as cookies, web log files, and user IP addresses ("Usage Information"). AgeOptions may use Usage Information and other system information to process automatic crash reporting which collects reports of crashes and other technical issues. A crash reporting service automatically collects certain information that does not personally identify you. This other system information used for this crash reporting includes, but is not limited to, device state information, unique device identifiers, device hardware and OS information, and information relating to how the Programs are functioning.

Use and Disclosure of the Information

We use your personal information to provide the Programs. This personal information will also

Participant Registration Packet

be provided to certain third-party technology services providers as necessary to provide the Programs functionality. Third party technology services providers include software development, application and data hosting, wireless network services providers, and payment processing agents. We are responsible for assuring that these third parties comply with the terms of this Privacy Policy.

AgeOptions may also share your personal information with your “related source” which may include your healthcare provider or health plan, when such related source refers you to our Programs or pays for your Programs. If you elect to participate in surveys and/or healthcare related questions related to your use of the Programs, we will share this information with the related source that referred you to our Programs. In addition to the sharing of such personal information, AgeOptions may also disclose information related to your use of the Programs to such related source.

Except for our third party technology services providers or as noted for a related source, AgeOptions does not voluntarily share personal information with a third party without your prior authorization, unless doing so is necessary (1) to enforce this Privacy Policy, to comply with law, regulation or other legal processes or to protect the rights, property or safety of us or others, (2) to comply with a valid order or process from a government regulator or law enforcement agency, (3) in emergency situations, (4) to protect against misuse or unauthorized use of the Programs, (5) to detect or prevent criminal activity or fraud, or (6) in the event that we or substantially all of our assets are acquired by one or more third parties as a result of an acquisition, merger, sale, reorganization, consolidation or liquidation, in which case your personal information may be one of the transferred assets.

We use the Usage Information to analyze and evaluate the features and functionality of the Programs.

Tracking Technologies

We track and collect Usage Information via "cookie" files and other software technologies. Cookies are small data files containing a string of characters that are sent to your computer when you visit a website. When you visit the website again, the cookie allows that site to recognize your browser. Cookies may store your user preferences and other information. You can reset your browser to refuse all cookies or to indicate when a cookie is being sent. However, some features of the Services may not function properly without cookies.

Data Security

Data security is implemented through physical, administrative, and technical safeguards we put in place and operational procedures we follow to protect personal information. We protect your transactions involving personal information over the Internet using Secure Sockets Layer (SSL)

Participant Registration Packet

technology. We restrict access to your personal information in our database to our authorized employees, our agents, and certain of our authorized partners.

Children's Privacy

The Programs are not intended for use by children under the age of 18. We will not knowingly collect any personal information from users under the age of 18 online through our website or user accounts. If you think that we have collected personal information from a visitor under the age of 18, please contact us.

Contact Us

If you have any questions, comments or concerns about this Privacy Policy or your privacy please contact us at info@ILPathwaystoHealth.org or via the contact information provided on the Illinois Pathways to Health website.

Changes to Our Privacy Policy

We may modify, alter or update our Privacy Policy at any time, so we encourage you to review our Privacy Policy frequently. We will not provide individual notice to you of changes to our Privacy Policy, but when we make updates to our Privacy Policy, we will update the date of the revision.

Privacy Policy Acknowledgement

By signing below, I acknowledge that I have received and read the Illinois Pathways to Health by AgeOptions Privacy Policy Notice.

Print Full Name

Date

Signature

Participant Registration Packet

Release and Waiver of Liability Agreement

As a participant in this class, the undersigned agrees to indemnify and release and hold harmless AgeOptions and organizations affiliated with Illinois Pathways to Health, their directors, officers, employees, and agents from any loss, liability, injury, cost, or damage they may incur resulting from such class participation.

In addition, by signing below, the undersigned agrees:

- Information provided in the class does not replace the advice of medical professionals;
- To address concerns with the undersigned's medical provider if the undersigned believes the information in the class conflicts with the advice of the undersigned's medical provider;
- The undersigned has been informed that the sessions may include light to moderate exercise, including stretching, balance, and range of motion exercises;
- The undersigned assumes full responsibility for and risk of bodily injury, death, or property damage due to negligence or releases or otherwise while participating in any class affiliated with Illinois Pathways to Health by AgeOptions; and
- To work within their own comfort zone and agrees to stop participating if they feel any pain or discomfort and will let one of the class instructors know about their condition or concerns.

Participant's Printed Name: _____

Participant Signature: _____

Program Name: _____

Provider Name (e.g., XYZ Organization): _____

Site Name: _____

Date: _____