

NOTICE AND OPT-OUT OF DISCLOSURE OF DE-IDENTIFIED DATA

Psilocybin service center operators, psilocybin facilitators, or employees of psilocybin service centers or psilocybin facilitators, are not allowed to disclose any information that may be used to identify you, a client of psilocybin services in Oregon, without your consent. (ORS 475A.450)

Psilocybin service center operators, psilocybin facilitators, or employees of psilocybin service centers or psilocybin facilitators are allowed to disclose de-identified information to third parties, which is information that cannot be used to identify you, unless you opt-out. This notice is intended to provide you with information about what de-identified information may be disclosed to third-parties and for what purposes and to give you the opportunity to opt out of having your de-identified data disclosed. (OAR 333-333-4810) This notice must be used to provide clients information on disclosure of de-identified data. Licensees may not use their own notice forms. Service centers and facilitators are not required to provide clients notice when sharing the total number of clients to whom they have provided psilocybin services.

Please review it carefully.

“De-identified data” means data that cannot be reasonably used to infer information about, or otherwise be linked to, an identified or identifiable client, or to a device that identifies, is linked to or is reasonably linkable to a client. (OAR 333-333-1010)

Facilitator Name: _____

Service Center: _____

We may disclose the following types of de-identified information to third parties:

- *Fill in – for example, psilocybin product type administered*
- _____
- _____
- _____

We may disclose de-identified information to the following third parties:

- *Fill in – for example, marketing companies*
- _____
- _____
- _____

We may disclose de-identified information for the following purposes:

- *Fill in – for example, research*
- _____
- _____
- _____

Acknowledgement

I, [name of client] _____
received a copy of this form on [date] _____.

Client Signature _____

Date _____

Opt-Out Statement *optional*

I, [name of client] _____ **OPT-OUT**
of having my de-identified data disclosed to third parties by the service center
or facilitator named above.

Client Signature _____

Date _____