



Digital Frontier Alliance

My Data, My Choice: A Plain-Language Consent Checklist

Goal: To ensure you understand and agree with how your "Digital Voice" is protected and used.

1. The "Big Picture" (Why we share)

I understand that sharing my data helps my doctors and case workers talk to each other to give me better care.

I know that my information should never be sold to companies for profit.

2. The "Digital Leak" Check

My case worker has explained that this website/app does not use "Google Tags" or hidden trackers that "scrape" my search history on my computer to find out which websites I visit.

I understand that if I search for help on this site, my "story" isn't being sent to big tech companies or advertisers.

3. Understanding "De-identification"

I understand that even if my name is removed from a report, my story might still be unique enough that someone could figure out it's me.

I am aware that I have the right to ask exactly who is looking at my data, even if it's "anonymous."

4. The Shadow Path (Safety Check)

I have been told about the risks of the "Dark Web" and how keeping my data secure at this office helps prevent identity theft and predatory scams.

5. Your Power to Say "No"

I know that I can change my mind and "Opt-Out" of sharing at any time.

Crucial: I understand that saying "No" to data tracking will never stop me from getting the healthcare I need.

Recipient Affirmation

"I have talked through this list with my case worker. I feel empowered to own my story and I understand my rights."

Signature: _____ Date: _____