



CONSENT FORM

As a resident of a Masterpiece partner community (“us”, and “we”), there are a number of ways in which we collect and use your personal information. In all of these endeavors, we are committed to respecting your right to privacy. One way we utilize your personal information is to generate a personal, customized report based on your responses to various questions. We use this report in a number of scenarios, including without limitation, conducting research into aging and conducting annual reviews on our practices. Information you choose to share with the Masterpiece® team will be available only to a limited number of authorized persons and entities, which may include our actual or potential investors, our business partners, and our service providers. Masterpiece may also disclose your personal information described in this consent in connection with the sale of Masterpiece in any form (i.e., merger, acquisition, consolidation, reorganization, stock sale, asset, sale, or other similar transaction). Such information may be disclosed to the potential buyer of Masterpiece as well as third parties (such as attorneys and consultants) in connection with such sale.

Masterpiece is committed to complying with applicable data security and privacy laws with regard to the collection and use of your personal information. Your consent to the disclosure of your personal information must be freely given; specific; informed; and unambiguous.

The following is a list of your personal information that we would like your consent to disclose to the above referenced third parties: [Name, Gender, Date of Birth, Living Arrangements, Education]

Your information may be shared with Masterpiece University-based partners for the purpose of conducting research on successful aging. The goal of this research is to determine how the concept of successful aging applies to older adults living in several different settings and to future generations. Any information shared with our research partners will be de-identified, meaning that all information which could be used to link the data back to you will be removed (such as your name, address, phone number, etc.).

An aggregate report will be compiled based on the de-identified responses of your group. The purpose of the aggregate report is to provide a basis for future programming and services in your community. You are entirely in control of your decision to give consent to our use of your data as requested in this form. You do not need to give consent. There will be no repercussions from Masterpiece if you choose to withhold consent and your data will not be disclosed to those third parties.

The decision to participate in The Masterpiece Annual Reviews and to otherwise provide your consent as detailed in this form is completely voluntary and you are free to withdraw at any time. If you choose not to participate in an Annual Review, or if you otherwise wish to withdraw your consent to our use and disclosure of your personal information, there will be no penalty or loss of benefits that you are entitled to receive. If you wish to withdraw your consent once it is given, you may do so by contacting us at (720) 544-3228.

Resident Declaration

- I am giving my consent to Masterpiece to use and disclose my personal information as indicated above.
- I understand that I am not required to give consent to Masterpiece’s use of my data in the ways set out in this form. Where I have done so, I have done so of my own free will.
- I have read the above information and have had the opportunity to ask questions regarding my

lifestyle and health information. I would like to participate in the Masterpiece Review process.

- I understand the ways in which Masterpiece and its third-party partners wish to use my data as set out above.
- I understand there will be no repercussions if I refuse to give consent in this form.
- I know that I can withdraw my consent at any time.

Participant's Signature

Name (please print)

Date

Personal Information:

1. Gender: Female Male

2. Date of birth: (mm/dd/yyyy) ____/____/____

3. If living in a community, date you moved in: (mm/dd/yyyy) ____/____/____

4. Highest education completed:

Elementary

Some College

Master's Degree

Some High School

College Degree

Doctorate Degree

High School

Some Graduate

5. The culture of successful aging at this community is one of the reasons I selected this community.

Strongly Agree

Disagree

I was unaware at the
time of move-in

Agree

Strongly Disagree

6. The culture of successful aging at this community is positively impacting my overall health and well-being.

Strongly Agree

Disagree

I don't know

Agree

Strongly Disagree