INSERT AGENCY LETTERHEAD HERE

Ryan White and HOPWA Data Sharing Consent Form

Consent for the collection and sharing of patient information to providers for persons who have HIV under Ryan White CAREWare and Housing Opportunities for People with AIDS Programs

_____ Name of Agency is mandated to collect certain personal information that is entered and saved in a database system called CAREWare and/or CaseWorthy. CAREWare and CaseWorthy records are maintained separately in encrypted statewide databases, and secure servers by the City of Hartford and Nutmeg Consulting, LLC respectively. Both CAREWare and CaseWorthy aggregate reports may be used for advocacy, both statewide and federally, any client information used will be done so without revealing names or other identifying information.

The CAREWare and CaseWorthy database programs allow for certain medical and support service information to be shared among providers involved with your care. This includes but is not limited to medical visits, lab results, prescribed medications, emergency financial assistance, nutritional supplements, case management, transportation, housing, substance abuse and mental health counseling services.

You have a right to opt out of this electronic sharing. If you choose to opt out of electronic sharing it may make it more difficult to coordinate Ryan White and Housing Opportunity for People with AIDS services.

I, _____ [Print Name], hereby provide my consent and authorization for [Name of Agency/Ryan White Provider and Housing Opportunity for People with AIDS Networks] to share my client-specific health, treatment, and support service information in the encrypted CAREWare and Housing Opportunities for People with AIDS database programs which is operated and maintained by the City of Hartford, through its Health Department, and Nutmeg Inc. respectively.

I further provide consent and authorization for the City of Hartford, through its Health and Grants Management Departments, to allow the disclosure and sharing of the information entered into the encrypted CAREWare and CaseWorthy database programs by _____ (Name of Agency). This information will only be shared with providers to which I consent to share my information with. I understand that these agencies that I apply for Ryan White and Housing Services may request the information for the purpose of informing and coordinating treatment and benefits I receive under the Ryan White Program and Housing Opportunity for People with AIDS. By signing this form, I further acknowledge that if I fail to show for scheduled medical and other support appointments, I may be contacted by an authorized representative of the above-referenced agency in order to re-engage and link me back to care.

This consent will expire eighteen months from the date this document is signed.

_____ _____

Client Signature Date

_____ _____

Witness Signature Date