

Consent for the collection and sharing of patient information to providers for persons who have HIV under Ryan White CAREWare Program

_____ (Name of agency)
is mandated to collect certain personal information that is entered and saved in a database system called CAREWare. CAREWare records are maintained in an encrypted statewide database, in a secure server by the Idaho Department of Health and Welfare (IDHW and the Ryan White Part B Program (RWPB)). CAREWare aggregate reports may be used for advocacy, both statewide and federally, and any client information used will be done so without revealing names or other information that would identify any specific client.

I provide consent and authorization for IDHW, through its RWPB Program to allow the disclosure and sharing of the information entered into the encrypted CAREWare database program by _____ (Name of agency). This information will be shared with any other provider to which I apply for Ryan White services that requests the information for the purpose of informing and coordinating treatment and benefits I receive under the Ryan White Program. Certain medical and support service information may be shared among providers involved with your care, this includes but is not limited to medical visits, lab results, medications prescribed, emergency financial assistance, nutritional supplements, case management, transportation, substance abuse and mental health counseling.

You have a right to opt out of this electronic sharing, but it could make it more difficult to coordinate care services.

I _____ (Print Name) hereby provide my consent and authorization for _____ (Name of agency) to enter my client-specific health, treatment, and support service information in the encrypted CAREWare database program which is operated and maintained by IDHW through the RWPB Program.

This consent will expire one year from the date of this document

Client Signature

Date

Witness Signature

Date