

[TO BE PRINTED ON AGENCY LETTERHEAD]

Ryan White and HOPWA Data Consent to Sharing

Consent for the collection and sharing of patient information by and between service providers for individuals receiving care and/or benefits under Ryan White and/or Housing Opportunities for Persons with AIDS (HOPWA) Programs

[Name of Agency] is mandated to collect certain personal information that is entered and saved in the CAREWare and/or CaseWorthy database system(s). CAREWare and CaseWorthy records are maintained separately in encrypted statewide databases, and in secure servers, by the City of Hartford and Nutmeg Consulting LLC, respectively.

The CAREWare and CaseWorthy database programs allow for certain medical and support service information to be shared among providers involved with your care and benefits. These include but are 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.

Both CAREWare and CaseWorthy aggregate reports may be used for advocacy and/or program evaluation, locally, statewide and/or federally; when aggregated and used for such purposes no names or other identifying information of any client will be revealed.

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 HOPWA services.

I, [Print Client Name], hereby provide my consent and authorization for [INSERT Name of Agency (Ryan White and/or Housing Opportunity for Persons with AIDS provider)] to share my client-specific identification, health, treatment, and support service information in the encrypted CAREWare and HOPWA database programs which are operated and maintained by the City of Hartford, through its Department of Health and Human Services, and Nutmeg Consulting LLC, respectively.

I further consent and authorize the City of Hartford, through its Department of Health and Human Services and Office of Central Grants Administration, to allow certain disclosure and sharing of my personal information entered into the encrypted CAREWare and CaseWorthy database programs by [INSERT Name of Agency]. I understand my information will only be shared with providers with which I consent to share my information, and that those providers may request the information for the purpose of informing and coordinating treatment and benefits for which I apply and may from time to time receive under the Ryan White and/or HOPWA programs. By signing this form, I further recognize and acknowledge that if I fail to appear for scheduled medical and other support appointments with the above-referenced agency, I may be contacted by an authorized representative of such agency in order to re-engage and reconnect me with appropriate care for which I have applied.

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

Client Signature

Date

Witness Signature

Date