# Appendix. Sample Client Consent to Share Data

### Consent for the collection and sharing of client information to providers under Ryan White 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 in secure servers per organizational policy for security and privacy by [NAME OF ENTITY] and

 [NAME OF ENTITY] 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 [NAME OF ENTITY] and [NAME OF ENTITY].

respectively.

I further provide consent and authorization 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 18 months from the date this document is signed.

Client Signature Date

Witness Signature Date