

Consent for the 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 City of Hartford. 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.

The CAREWare database program allows 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, 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, however you may be denied services from other agencies.

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 the City of Hartford through its Health Department.

I further provide consent and authorization for the City of Hartford through its Health Department to allow the disclosure and sharing of the information entered into the encrypted CAREWare database program by _____ (Name of agency) to 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.

Client Signature

Date

Witness Signature

Date