

Ryan White Part B Case Management CAREWare Client Electronic Record Transfer Form

Fax Completed Form To CAREWare Central Admin: 971-673-0177

Date:

Submitted By:

This form can be submitted by either the case management agency that the client is transferring to, or the case management agency that the client is transferring from. Please allow 3 business days for processing and completion of the CAREWare Client Electronic Record transfer. You will receive confirmation via Email when the record transfer has been completed.

	Old Information	New Information
HIV Case Manager Name		
Phone No. (Include ext.):		
Email Address		
Provider/Agency Name		
Client Last Name		
Client D.O.B		
County of Client Residence:		
CAREWare URN:		NA

Very Important:

Before submitting this request you must update and/or obtain a signed Release of Information from the client. The Release of Information must specifically allow the release of medical information to include HIV/AIDS related records to the NEW HIV case management provider/agency listed above.

Please attach a copy of the signed Release of Information to this request form.

