

## HIV Care and Treatment Program Client Consent Form

*This is an important document that tells you what information about you we collect and how we will use and share that information. **Please read page one (1) and page two (2) carefully before signing.***

The Oregon Department of Human Services (DHS) HIV Care and Treatment Program runs several programs that help people living with HIV/AIDS gain access to HIV-related medical care and other supportive services.

*If you are a client of any of the following programs, you are a client of the DHS HIV Care and Treatment Program:*

- CAREAssist (Oregon's AIDS Drug Assistance Program)
- Ryan White Program Part B-funded Case Management (through your local HIV case manager), including financial assistance and State Managed Services
- Oregon Housing Opportunities in Partnership (OHOP)

**Failure to sign consent form:** Your failure to sign this consent form may limit our ability to successfully determine your eligibility for our programs and to coordinate your services among those programs. If you decide not to sign, you may be referred to single services (if available) within our programs that may be able to help you without an exchange of information between those programs.

**Consent:** I have read page one (1) and page two (2) of this consent form. I consent to allow the DHS HIV Care and Treatment Program to collect the information described in the consent form from the sources listed in the consent form and to share the information collected among the programs (CAREAssist, Ryan White Part B-funded Case Management, and Oregon Housing Opportunities in Partnership) and with the DHS program evaluation partners, including Program Design and Evaluation Services and HIV Data and Analysis. I understand that I can cancel this authorization at any time, and that this authorization will continue until the completion of my participation in any DHS HIV Care and Treatment Programs and subsequent program follow-up activity, or unless I cancel it.

\_\_\_\_\_  
Client's name (print)

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date

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When you participate in any of these programs, we will collect information from you that includes, but is not limited to, information about your:

- medical information, including HIV status, physician visit dates and lab results
- contact information, including name(s), address(es), and phone number(s)
- demographic information, including your age, race and ethnicity
- sources and amounts of income, assets, or financial assistance
- participation in our programs and other assistance programs in your community, including your case notes that describe your work with your HIV case manager, your OHOP Housing Coordinator, and your CAREAssist worker
- case management screening, including information on mental health, substance abuse, HIV risk behaviors, and social supports
- ongoing needs and your satisfaction with our programs and services

We will also verify the information that we collect from you by collecting information from other sources, including information from:

- other DHS programs, including assistance programs run by the Seniors and People with Disabilities Division; the Children, Adults, and Families Division; and the Public Health Division
- the Oregon Employment Department, including information regarding your reported wages and earnings
- The Oregon Department of Motor Vehicles, including your current address
- any other publicly-available sources of information or specific sources of information that you have given us written permission to contact

We use this information to:

- determine whether you qualify for our programs and other assistance programs in your community
- provide program assistance (including HIV case management, OHOP housing assistance, and payment of health insurance premiums and drug copays)
- offer you referrals to other assistance available in your community
- help us evaluate our programs, improve services and understand your needs
- attempt to contact you when you leave our programs or are lost to follow up
- meet the reporting requirements of the agencies that fund our program, such as the U.S. Health Resources and Services Administration (HRSA) and the U.S. Department of Housing and Urban Development (HUD) (Our reports to these agencies do not include any information that could identify you, like your name, date of birth, or address.)