

Wisconsin CAREWare and Shared Eligibility Network Release of Information

Instructions

Read the entire form before completing and signing below. This form includes information about required reporting for all clients receiving HIV care services in Wisconsin and asks whether you consent for your information to be shared between other Wisconsin HIV care providers using the HIV Care Shared Eligibility Network. After you complete this form, your HIV care services provider will submit it to the Wisconsin Department of Health Services (DHS). For questions, contact the DHS Ryan White program at DHSRWFeedback@dhs.wisconsin.gov.

Section 1—Required reporting

Wisconsin CAREWare is the system used by Wisconsin HIV care providers to enter and access client information for reporting. This consent will allow HIV care providers to include the following required CAREWare system to report to their funders:

- Ryan White and Mike Johnson Life Care and Early Intervention Services (LCEIS) eligibility such as income, residence, insurance, household size, and HIV status.
- The type and number of Ryan White and LCEIS services provided.
- Demographic information including, but not limited to, race, gender, risk factors for HIV, or housing status.
- Clinical data such as HIV lab report values and antiretroviral therapy (ART) medications.
- Case notes that detail additional information related to services received.

I understand that my provider must report my services to DHS and the U.S. Department of Health and Human Services as a condition of receiving funding to provide services. I understand my information will be entered into CAREWare and will be reported to DHS and the U.S. Department of Health and Human Services.

Section 2—HIV Care Shared Eligibility Network

CAREWare can also be used to share client eligibility for HIV care services between providers. I understand that information entered into CAREWare **may** be viewable by Wisconsin HIV care providers who share the same clients, meaning that another Wisconsin HIV care provider may be able to see information about me and make a determination about the services I receive. Although data entered by a provider can be viewed by other Ryan White providers, it cannot be changed once it is entered.

I understand that I can choose not to give my consent to share my data across providers in CAREWare. If I choose not to consent, I understand that it won't affect my ability to receive services I am eligible for. If I choose not to participate in shared eligibility, my information will be entered into CAREWare for reporting purposes and reported to DHS and the U.S. Department of Health and Human Services, but my information will not be shared with other providers in the shared eligibility network. I understand that if I consent now and choose not to consent later, it will not prevent me from receiving services that I am eligible for in the future.

I, _____, have read and understand the consent guidelines regarding CAREWare reporting and shared eligibility above.

I consent to my information being shared within the Wisconsin CAREWare shared eligibility network

I do not consent to my information being shared within the Wisconsin CAREWare shared eligibility network

Signature — Client: _____

Name — Client (printed): _____ Date signed: _____