



## ARIES Client Consent Form for San Francisco

I, \_\_\_\_\_ (*print full name*), wish to register with the AIDS Regional Information and Evaluation System (ARIES) in order to receive services provided by the San Francisco Department of Public Health and/or its service providers. During registration, I will be asked to provide information about myself, including my name, race, gender, birth date, income, and other demographic data. Depending upon the agency or program I am registering with, I may also be asked questions about my CD4 cell count, viral load, use of HIV medications, general physical and medical condition, and medical history.

In addition to providing information, I may be asked to provide documentation of HIV positive status.

**SHARE:** By signing below, I choose to share my information with all other agencies I receive services from that are part of ARIES. The purposes for sharing my information in ARIES are to determine my need and eligibility for services, enroll in appropriate programs, and receive coordinated care and treatment including appropriate referrals for other services. By stating that I am willing to share my information, I will usually not need to re-register (in ARIES) or provide additional documentation of HIV positive status when I receive services from another agency providing services funded by the Ryan White HIV/AIDS Program or the California Department of Public Health (CDPH), Office of AIDS. Only authorized personnel at an agency will have access to my information on a need-to-know basis. The information shared may include information about services received or my treatment at a particular agency. Mental health, alcohol/substance use, and legal information will not be shared.

As a condition of receiving services, I consent that my ARIES information may be made available to my local health department, to fiscal agents who fund the services I receive, and to the CDPH/Office of AIDS for mandated care and treatment reporting, program monitoring, statistical analysis, and research activities. This data includes, but is not limited to, demographic, financial, medical, service, mental health, alcohol/substance use, and legal information.

Additionally, as a condition of receiving services, I consent that my local health department may disclose to my health care providers the minimum amount necessary of my ARIES information to assist them in complying with HIV reporting laws and regulations. Mental health, alcohol/substance use, and legal information will not be disclosed for this purpose.

My registration in ARIES does not guarantee services from any other agency. Wait lists or other eligibility requirements may exclude me from services at other ARIES agencies.

By signing this form, I acknowledge that I have talked about and understand my rights to confidentiality with respect to ARIES with the staff person indicated below. I understand that this form will be stored in my paper file. This Consent remains in effect for three (3) years from the date I sign this form.

\_\_\_\_\_  
Signature of Client or Parent/Guardian of Minor Child \*

\_\_\_\_\_  
Date

### For Local Agency Use Only

\_\_\_\_\_  
Administered By (Staff Name)

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If applicable, this client is a **NON-SHARE** client because (check all that apply):

D Unable to give consent

D Related/Affected Client

D HIV-Negative

\*per CA Family Code section 6926, "A minor 12 years of age or older who may have come into contact with an infectious, contagious or communicable disease may consent to medical care related to the diagnosis or treatment of the disease, if the disease or condition is one that is required by law or regulation adopted pursuant to law to be reported to the local health officer, or is a related sexually transmitted disease, may be determined by the State Public Health Officer."



## AIDS Regional Information & Evaluation System



### **What is ARIES & What Will It Do for Me?**

The AIDS Regional Information & Evaluation System (ARIES) is a client management system, designed for Ryan White CARE Act providers, which will enhance services to clients with HIV by helping providers automate, plan, manage and report on client services. ARIES will improve the quality of care provided to *you*.

ARIES helps you get services more easily by reducing your ARIES registration paperwork, and helps agencies to better coordinate the services you receive. With ARIES, you can register **one** time and share this information with other agencies using ARIES. Sharing information means that you won't need to complete the same ARIES registration forms more than once or carry your letter of diagnosis to each agency. ARIES is about saving you time!

### **Is My Information Safe?**

YES! ARIES is extremely secure and all information in ARIES is completely confidential. The system protects your record so that only an authorized agency can access it. Authorized personnel, within that agency, are given rights to view only the information they need to know. Information relating to mental health, substance abuse, legal issues is only available to a very limited group. In addition, encryption (data is scrambled and unrecognizable) prevents anyone except the intended recipient from reading that data.