

**JACKSONVILLE AREA RYAN WHITE NETWORK  
 CAREWARE DATA MANAGEMENT SOFTWARE  
 AUTHORIZATION TO SHARE INFORMATION**

Florida Department of Health Nassau County  
 SERVICE PROVIDER NAME

By signing below, I \_\_\_\_\_ am aware that Florida Department of Health Nassau County Agency is part of a collaborative group of organizations that provide Ryan White C.A.R.E. Act Part A and Part B and the General Revenue/Patient Care Network services. I agree to allow the agency above, The City of Jacksonville, Behavioral and Human Services Division, as the Ryan White Part A Grantee, The Florida Department of Health as the Ryan White Part B Grantee and the Duval County Health Department as the Ryan White Part B/General Revenue/Patient Care Network Lead Fiscal Agent, Neptune Technologies, Inc., as the data managers and the agencies listed below, to exchange among them, information regarding the year of my HIV positive diagnosis, proof of HIV status, HIV/AIDS disease stage at intake, mode(s) of transmission and TB status at intake.

I understand that this information will be used to appropriately coordinate Ryan White Part A, Ryan White Part B and General Revenue/Patient Care Network services provided to me. I also understand this information may be used for linkage to services, billing purposes, quality assurance and contract monitoring activities. It is expressly understood that this information will include identifying and demographic information which includes name, gender, date of birth, address, zip code, guardian (if I am a minor), age, race/ethnic background, primary language, annual income, size of household, country of origin, federal poverty level, number of family members and/or significant other receiving Ryan White funded services. I understand that group level statistical data (not name identification) drawn from this information will be accessed by the funding sources for the purpose of developing necessary reports. Refusal to sign this Authorization to Release Information can affect coordination of my care and I will assume financial responsibility for services provided.

I understand the Jacksonville Area Ryan White Network uses an electronic record keeping database software system called "CAREWARE Data Management System" (CAREWARE). CAREWARE is a computer software program specifically developed to help collect information and coordinate services for people living with HIV disease. CAREWARE is networked among the organizations listed below to assist Case Management Providers, Outpatient Medical Care Providers and Early Intervention Services Providers coordinate my care. Data management services through CAREWare are maintained by Neptune Technologies, Inc.

I understand that the Neptune Technologies, Inc. will have access to my information for system maintenance and will not be permitted to disclose such information without my written consent. By signing below, I agree to hold all agencies named in this consent harmless of any liability associated with the release of information as authorized in this consent.

I may revoke this consent at any time by signing the revocation line below or by informing, in writing, the agency holding this original consent form.

I understand that the following statement binds any entity receiving information as a result of this release:

**"This information has been disclosed to you for/from records whose confidentiality is protected by state law. State Law prohibits the below named agencies and any Ryan White Part A, Ryan White Part B and General Revenue/Patient Care Network Provider from making any further disclosure of any such information without the specific written consent of the person to whom such information pertains or as otherwise permitted by state law. A general authorization for release of medical and non-medical information is NOT sufficient for this purpose", Section 381.004, Florida State Statutes.**

AIDS Healthcare Foundation (AHF)	Gateway Community Services, Inc.
Catholic Charities	Jacksonville Area Legal Aid, Inc. (JALA)
CAN Community Health Inc. (CAN)	Lutheran Social Services of NE FL (LSS)
Florida Department of Health – Baker County	Northeast Florida AIDS Network (NFAN)
Florida Department of Health – Clay County	UF CARES/Rainbow Center
Florida Department of Health – Duval County	UF Health Jacksonville Medical Center
Florida Department of Health – Nassau County	River Region Human Services
Florida Department of Health – St. Johns County	Other (specify):

\_\_\_\_\_  
 Signature of Client or Legal Representative      Date      Relationship to Client of Legal Representative

\_\_\_\_\_  
 Signature of Witness      Date

Date Consent Revoked: \_\_\_\_\_ Signature \_\_\_\_\_

**Note to Receiving Agencies:** This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of such information without the specific written consent of the person to whom such information pertains, or as otherwise permitted by state law. A general authorization is not sufficient for this purpose. **Previous editions obsolete.**