

Carolina Family Health Centers, Inc.

Carolina Family Dental Center • Freedom Hill Community Health Center • Harvest Family Health Center
• Wilson Community Health Center

Permission to Disclose Health Information Among Ryan White Provider Agencies

Patient Name: _____

Last

First

Middle

Date of Birth: ____/____/____

Medical Record Number: _____

CAREWare is a secure, password-protected, computer system that maintains patient demographics, health and case management information for People Living with HIV (PLWH) that receive services from Ryan White providers/agencies in North Carolina. The North Carolina HIV Care Program considers maintaining the security and confidentiality of your protected health information a matter of its highest priority. We feel that your providers can serve you better by sharing information and improving the way that they communicate with each other.

By giving my voluntary permission to release my information, I understand that:

- Disclosure of this information between and among Ryan White Provider agencies and with the NC HIV Care Program is protected by federal and state laws governing the confidentiality of patient information.
- Information about me on the CAREWare system may include my HIV status, lab results, medications I take, services I receive, financial, household and other information that I have disclosed to my medical provider, my case manager, or other service providers. Information about me will only be shared with my service providers in the CAREWare system who have a need to know this information in order to coordinate my care and to provide me with continuity of services.
- I can restrict the sharing of my confidential information with specific providers/agencies within the CAREWare system. I must request this restriction in writing.
- I can revoke this authorization at any time. If I choose to revoke my authorization, I will do so in writing. I understand that I cannot revoke authorization for information that I have already authorized to be shared by my medical providers on the CAREWare system.
- The authorization to share my confidential health information is in effect while I participate in the Ryan White program and while my medical providers and the program needs the information for program administration.
- I can contact Carolina Family Health Centers, Inc. Ryan White Program Manager at 252-243-9800 extension 220 if I have any questions about the CAREWare network.

Patient/Parent/Legal Guardian Name (printed)

Patient/Parent/Legal Guardian Signature
(Parent must sign for minor child)

Date

Staff Signature

June 2023

Date

RW-100.07 Data Reporting and Management