



**Community Renewal Team, Inc.**

1921 Park Street, Hartford, CT 06106. Ph. 860-951-8770. Fax 860-233-2796.

**Consent for the collection and sharing of patient information to providers for persons who have HIV under Ryan White CAREWare Program**

CRT is mandated to collect certain personal information that is entered and saved in a database system called CAREWare. CAREWare records are maintained in an encrypted statewide database, in a secure server by the City of Hartford. CAREWare aggregate reports may be used for advocacy, both statewide and federally, and any client information used will be done so without revealing names or other information that would identify any specific client.

The CAREWare database program allows for certain medical and support service information to be shared among providers involved with your care, this includes but is not limited to medical visits, lab results, medications prescribed, emergency financial assistance, nutritional supplements, case management, transportation, substance abuse and mental health counseling.

You have a right to opt out of this electronic sharing. If you choose to opt out of electronic sharing it may make it more difficult for you to receive Ryan White Services.

I \_\_\_\_\_ (Print Name) hereby provide my consent and authorization for CRT to enter my client-specific health, treatment, and support service information in the encrypted CAREWare database program which is operated and maintained by the City of Hartford through its Health Department.

I further provide consent and authorization for the City of Hartford through its Health Department to allow the disclosure and sharing of the information entered into the encrypted CAREWare database program by CRT. This information will be shared with any other provider to which I apply for Ryan White services that requests the information for the purpose of informing and coordinating treatment and benefits I receive under the Ryan White Program.

This consent will expire one year from the date of this document

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date