

# Ryan White Parts A, B, C and D in Nevada and the Las Vegas TGA Consent for Release of Confidential Information

Client's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ URN: \_\_\_\_\_

I, the undersigned, do hereby authorize any of the agencies listed below who participate in the community based Ryan White Care Services program in the State of Nevada to release and/or share information concerning my eligibility, medical record status, and information concerning my HIV screening, diagnosis and treatment. The following agencies/programs authorized are:

- ❖ Access Community Cultural Education Programs & Trainings (ACCEPT)
- ❖ AIDS Healthcare Foundation
- ❖ Access to Healthcare Network (AHN)
- ❖ Aid for AIDS of Nevada (AFAN)
- ❖ Care Coalition
- ❖ Catamaran RX-Pharmacy Benefits Manager
- ❖ Carson City Health and Human Services
- ❖ Community Counseling Center (CCC)
- ❖ Community Outreach Medical Center (COMC)
- ❖ Clark County Social Service
- ❖ Dignity Health
- ❖ Golden Rainbow
- ❖ Horizon Ridge Clinic LLC
- ❖ Las Vegas Urban League
- ❖ Nevada AIDS Research & Education Society (NARES)
- ❖ Nevada Office of HIV/AIDS
- ❖ North County Healthcare
- ❖ Northern Nevada HOPES
- ❖ Nye County Health & Human Services
- ❖ Ridge House
- ❖ Southern Nevada Health District (SNHD)
- ❖ The Gay & Lesbian Center of Southern Nevada (The Center)
- ❖ University Medical Center-Wellness Center (UMC)
- ❖ University Nevada Las Vegas (UNLV) School of Community Health Sciences
- ❖ UNLV School of Dental Medicine
- ❖ Washoe County Health District
- ❖ Your Physician: \_\_\_\_\_

Information may be released between the above listed agencies throughout the duration of my active enrollment in the Ryan White Care Services program. I may withdraw this consent by notifying, in writing, the Ryan White agency where my eligibility was completed. I understand that my records are protected under federal HIPAA regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that I may revoke this consent in writing any time, except to the extent that any action has been taken while it is still in force. This consent expires automatically one (1) year from registration or previously signed consent.

A copy of this authorization legally constitutes an original copy.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian/Relationship to Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date