



## POLICY AND PROCEDURE NOTICE: PPPN-070 CLIENT CONSENT

**Summary and Purpose of PPPN:** To guide the administration of the Ryan White Part A and Ending the HIV Epidemic programs in obtaining client consent for the sharing of Protected Health Information.

### Authority:

- Ryan White HIV/AIDS Treatment Modernization Act of 2009, Public Health Service (PHS) Act under Title XXVI, as administered through the U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau
- PHS 2605(a)(6)
- PHS ACT 2604(c)(l)
- PHS ACT 2611
- PHS ACT 2616 (b) (1-2)
- PHS ACT 2617 (b)(7)(B)
- PHS Act 2617 (b)(7)(F)
- PHS ACT 2616 (b) (1-2)
- PHS ACT 265l (c)(l)
- PHS ACT 2264(f)(1)
- PHS ACT 267l (a)
- PHS Act 2671(i)
- Public Health Service Act, Section 311(c) (42 USC 243(c)) and title XXVI (42 U.S.C. §§ 300ff11 et seq.)
- Health Insurance Portability and Accountability Act of 1996, as amended (“**HIPAA**”)
- Privacy, security, breach notification, and enforcement rules at 45 C.F.R. Part 16 and Part 164 (“**HIPAA Rules**”)
- Health Information Technology for Economic and Clinical Health Act of 2009 (the “**HITECH Act**”)
- American Recovery and Reinvestment Act of 2009 (“**ARRA**”)
- Business Associate Agreement between Fulton County and Subrecipient
- Fulton County and Subrecipient Agreement (Contract)

## POLICIES AND PROCEDURES

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### Background

1. Subrecipients are required to share certain client information with Fulton County in order to comply with legislative and regulatory requirements.

2. Eligibility documentation must be on file for any individual for whom Ryan White or Ending the HIV Epidemic services are provided. See [PPPN-001 Client Eligibility](#)
3. e2Fulton and CAREWare are online databases used in the Atlanta EMA to collect, store, manage, and analyze client-level data and to collect, store, and manage client eligibility documentation.
4. e2Fulton allows for the sharing of client-level data, including eligibility documents, between subrecipients in accordance with the client’s consent.
5. Client consent must be obtained before the sharing of PHI.

### **Policy and Procedure:**

1. All individuals seeking services must be provided the opportunity to authorize, deny, or revoke consent for the storing and sharing of the individual’s information including Protected Personal Health Information.<sup>1</sup>
2. Client consent must be obtained before the provision of services.<sup>2</sup>
3. Any individual not providing consent for the sharing of information with Fulton County via e2Fulton and/or CAREWare is ineligible for Ryan White or Ending the HIV Epidemic-funded services.
4. Any individual not providing consent for the sharing of information among any or all service providers via CAREWare and/or e2Fulton must directly provide eligibility documentation to his/her service providers. Each subrecipient receiving eligibility documents should upload the documents into e2Fulton, but these documents would not be viewable by other providers.
5. The Department for HIV Elimination has developed a standardized form to be used by all subrecipients. (See Appendix I: [“ATLANTA ELIGIBLE METROPOLITAN AREA RYAN WHITE PROGRAM AND ENDING THE HIV EPIDEMIC CLIENT CONSENT TO STORE AND SHARE INFORMATION”](#).)
6. The client consent form must be uploaded into e2Fulton by the first subrecipient from whom services are requested.<sup>3</sup>
7. Prior to providing a service to an individual the subrecipient should confirm the presence of the individual’s [“ATLANTA ELIGIBLE METROPOLITAN AREA RYAN WHITE PROGRAM AND ENDING THE HIV EPIDEMIC CLIENT CONSENT TO STORE AND SHARE INFORMATION”](#) form in e2Fulton.

### **Verification:**

- Desk audit of e2Fulton.

Approved: April 2021

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<sup>1</sup> Subrecipients may also have other client consents to serve their own purposes.

<sup>2</sup> During the transition from CAREWare to e2Fulton an existing client is considered to be “grandfathered” in and previous consent is assumed.

<sup>3</sup> During the transition from CAREWare to e2Fulton, client consent must be obtained from whichever subrecipient first providing a service to the client after the launch of e2Fulton.

## Appendix I

# **ATLANTA ELIGIBLE METROPOLITAN AREA RYAN WHITE PROGRAM AND ENDING THE HIV EPIDEMIC CLIENT CONSENT TO STORE AND SHARE INFORMATION**

Ryan White funding and Ending the HIV Epidemic funding come from the federal government to help provide care and treatment for Persons Living with HIV (PWLH). Funds come to Fulton County through grants from the US Health Resources and Services Administration (HRSA) to serve a 20 county "Eligible Metropolitan Area" for Ryan White and a four county area for Ending the HIV Epidemic. In order to get these grant funds Fulton County has to report data to HRSA's HIV/AIDS Bureau. Fulton County uses computer programs called CAREWare and e2Fulton to report the data.

Once Fulton County gets the Ryan White or Ending the HIV Epidemic grant, it awards those funds to agencies in Metro Atlanta (Eligible Metropolitan Area) to provide services to people that qualify. These services include such things as healthcare, dental services, mental health services, transportation to get to and from appointments, food, and case management. When you get services from one of these agencies they are required to share certain information about you with Fulton County so Fulton County can report the data to HRSA's HIV/AIDS Bureau. The agencies use a program called e2Fulton to report data to Fulton County. e2Fulton and CAREWare are online databases used to collect information (data) about persons (clients) who get Ryan White services in Metro Atlanta.

Before you get Ryan White services, an agency must collect certain documents so they can see if you are eligible for services. To do this, they need:

1. Proof that you are living with HIV
2. Proof that you live in one of the 20 counties (Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding and Walton)
3. Proof that your income is less than or equal to 400% of the Federal Poverty Level
4. Proof of any insurance coverage you have.

Before you get Ending the HIV Epidemic services, an agency must collect certain documents so they can see if you are eligible for services. To do this, they need:

1. Proof that you are living with HIV
2. Proof of any insurance coverage you have.

Every agency that you get services from must have this information on file.

This agency participates in e2Fulton and/or CAREWare. By requesting and accepting services you are providing your consent (permission) to enter your personal information into e2Fulton and/or CAREWare. This information is used to determine your needs and provide supportive services to you and your household, and information is shared with other organizations that use this database, based on your signed consent.

### **What type of information may be shared with Fulton County in e2Fulton and CAREWare?**

We collect general and Protected Personal Health Information about you and record it in e2Fulton and/or CAREWare. Depending on your situation, this may include, but is not limited to:

- Your basic identifying information (including name, date of birth, sex, gender, race/ethnicity, HIV status, marital and family status, household relationships, contact information, veteran status, disability status, housing status).
- Your income information (sources and amounts of household income, employment information, work skills) and other resources, such as non-cash benefits.
- Type of health insurance, if any.
- Certain medical and support service information such as medical visits, lab results, prescribed medications.
- Your service needs and services received.
- Outcomes of services provided.
- Your emergency contact information.
- Other enrollment documents such as Client Rights and Responsibilities, Grievance Procedures, and agency-specific client consents.

### **Is your personal information safe?**

YES! e2Fulton is extremely secure and all information is completely confidential. E2Fulton is a customized part of a program called eCOMPAS (which stands for Electronic Comprehensive Outcomes Measurement Program for Accountability & Success). eCOMPAS and all features and modules developed on the eCOMPAS platform meet and exceed the highest standards of security and privacy and are fully compliant with the Health Insurance Portability and Accountability Act (HIPAA). Your information in e2Fulton and CAREWare is secured by passwords and encrypted transmission technology (meaning data are scrambled and unrecognizable). In addition, each participating organization and system user must sign an agreement to maintain the security and confidentiality of the information. Your information is protected by the federal health information privacy standards. Sometimes, depending on the services provided by a participating organization, your information may also be protected by additional Federal and/or State regulations, which may require additional written consent prior to any disclosure.

### **Who can have access to your information?**

- All data in e2Fulton and CAREWare are accessible to the Fulton County Department for HIV Elimination.
- Ryan White and Ending the HIV Epidemic service provider organizations (agencies) can have access to your data. These organizations may include healthcare providers, case managers, patient navigators, social service providers, housing providers, and eligibility/enrollment staff, among others. Only staff that have a valid need to know will have access to your information.
- Information provided to HRSA is provided in the aggregate. What that means is that no individual information is provided, but all individual data are grouped together. For example, if you and 24 other people get medical care, we would tell HRSA that 25 people got medical care but not WHO the 25 people were. As another example, we would tell HRSA how many of the people served were male, how many were African American, etc., but not who those people are.
- You will, from time to time, be asked to complete a Client Satisfaction Survey so that we can look at how well our agencies are doing in serving you. You will be asked about such things as wait

time, whether you were treated with respect, and suggestions you have for making things better. This information will be used by the Fulton County Department for HIV Elimination and funded agencies. Your identifying information will not be shared with the funded agencies.

- You may be asked to take a Needs Assessment Survey so that we can look at what needs you might have that are not being met. This information will be used by the Fulton County Department for HIV Elimination and the Metropolitan Atlanta HIV Health Services Planning Council to help us make decisions about what services to fund and how much funding should go to the service. Your identifying information will not be shared with the Planning Council.

### **How do you benefit from sharing your information? (What's in it for you?)**

In order to get Ryan White and Ending the HIV Epidemic services you must be eligible for the program. To prove eligibility you are required to provide certain documentation such as proof of HIV status, proof of income (or lack of income), information on where you live, and whether you have insurance that would cover some of the services. Every Ryan White agency that serves you must be able to show that they checked your eligibility. Instead of having to give your eligibility information to each and every agency that serves you, e2Fulton will allow your eligibility information to be seen by other Ryan White service providers. By sharing your information, you may be able to avoid being screened more than once, get faster and more personalized services, and minimize how many times you have to tell your "story".

Also, if you need a referral to another Ryan White service provider the referral can be sent electronically through e2Fulton along with any records that would be needed.

### **By signing below, you understand that:**

- Signing this consent form does not guarantee you services.
- You have the right to receive a copy of this consent form.
- This consent is valid for five (5) years from the date after the Protected Personal Information was created or updated. You will be given the opportunity to update your consent form as part of your recertification.
- You may cancel your consent at any time, but your cancellation must be done either in writing. You further understand that any cancellation of this consent will not retroactively change information that has already been disclosed or actions already taken under your previous authorization.
- Upon your request, we will provide you with:
  - A copy of the Client Revocation of Consent to Release Information;
  - A copy of your full records (apart from case notes) within five (5) business days of your request;
  - A current list of participating organizations that have access to your data.
- If you find inaccurate or incomplete Protected Personal Health Information in your records, you have the right to request a correction.
- Aggregate or statistical data that is released from e2Fulton will not disclose any of your Protected Personal Health Information.
- You have the right to file a grievance against any organization you feel has violated your confidentiality.
- If you need to be referred to another agency for services, certain information may need to be forwarded through e2Fulton to facilitate a referral. If you do not provide consent to share your

information, it may negatively affect participating providers from addressing your service needs in a coordinated fashion.

- You are not waiving (giving up) any rights protected under Federal and/or Georgia law.
- You understand that this information is necessary to appropriately coordinate care, document and evaluate services rendered, and assess clinical–medical outcomes which is required by the Health Resources and Services Administration, which funds the Ryan White Part A federal grant program.
- You understand that access to the information above is available to: HRSA; the Fulton County Department for HIV Elimination as the Ryan White Part A Recipient as the custodian of all data stored in e2Fulton and/or CAREWare; subrecipients, certain consultants to the Fulton County Department for HIV Elimination who have completed the appropriate confidentiality agreements; and, RDE Systems which provides the software and technical support for the e2COMPAS system.
- You understand that reproduction of your signed consent will be treated as authentic as original.
- You understand that your name, address and other controlled identifiers are placed into e2Fulton and/or CAREWare, and that you have a right to request relevant health information that is tracked in the system.
- You hereby hold Fulton County Government harmless for disclosure and/or release of my **private** Health Information (**pursuant to Federal Health Insurance Portability and Accountability Act “HIPAA” regulations**) to any Ryan White contracted provider or the Health Resources and Services Administration (Funding Source) in connection with the Ryan White Program.

**SIGNATURE AND ACKNOWLEDGEMENT**

Your signature and initials below indicate that you have read (or been read) this client consent form and have received answers to your questions. Please indicate your sharing preference by choosing and initialing one of the options below:

**SECTION A:**

With this form, you are signing that you agree (provide consent) for agencies you get Ryan White or Ending the HIV Epidemic services from to share your information with Fulton County.

Please indicate your sharing preference by choosing and initialing either option 1 or option 2 below:

1. I consent to allow my information, and that of my minor children (if applicable, as listed below), to be shared with Fulton County via e2Fulton and/or CAREWare as described in this consent form.

Initial here to give your consent \_\_\_\_\_.

OR

2. I do not consent to allow my information to be shared via e2Fulton and/or CAREWare. **I understand that means that I cannot receive Ryan White or Ending the HIV Epidemic-funded services.**

**Initial here to deny your consent \_\_\_\_\_.**

**SECTION B:**

With this form, you are signing that you agree (provide consent) for agencies you get Ryan White services from to share your information with each other as indicated below. Your consent allows your record to be updated by any participating organization with which you interact without you being required to sign another consent form.

Please indicate your sharing preference by choosing and initialing one of the options below:

1. I consent (agree) to allow my information, and that of my minor children (if applicable, as listed below), to be shared among Ryan White agencies via CAREWare and/or e2Fulton as described in this consent form.

These Ryan White agencies are:

AID Atlanta	Here's to Life
AIDS Healthcare Foundation	HOPE Atlanta
Aniz, Inc.	Mercy Care
Atlanta Legal Aid Society	NAESM
Cherokee County Board of Health	Open Hand Atlanta
Clayton County Board of Health	Positive Impact Health Centers
DeKalb County Board of Health	Someone Cares Atlanta
Emory University - Midtown	Southside Health Center
Fulton County Board of Health	THRIVE SS
Grady Health System – Ponce Center	

If there is an agency, or agencies, above that you do not wish to have access to your information please list here:


**Initial here to give your consent \_\_\_\_\_.**

OR

2. I do not consent (agree) to allow my information, and that of my minor children (if applicable, as listed below), to be shared among service providers via CAREWare and/or e2Fulton.

I understand that this choice means that I will need to provide my eligibility documentation separately to each Ryan White agency from which I get services.

I understand that this means that I will need to provide any documentation needed for referrals.

Initial here to **deny** your consent \_\_\_\_\_.

**Client/Legal Guardian Full Legal Name (Please print):** \_\_\_\_\_

**Preferred Name:** \_\_\_\_\_

**Date of Birth (DOB):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**(Electronic Signature is Allowed)**

**Minor Children (if any):**

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

*For Agency Personnel Use Only:*

\_\_\_\_\_  
**Name of Organization**

\_\_\_\_\_  
**Name of Organization Staff**

\_\_\_\_\_  
**Signature of Organization Staff**  
**(Electronic Signature is Allowed)**

\_\_\_\_\_  
**Date**