



AIDS Drug Assistance Program (ADAP) Client Consent to Collection of and Authorization to Disclose Personal and Medical Information

The AIDS Drug Assistance Program (ADAP) is a subsidy program administered by the California Department of Public Health (CDPH), Office of AIDS, to provide prescription drug treatments and other health services to persons infected with the human immunodeficiency virus (HIV). ADAP includes prescription drug assistance and insurance assistance programs. Individuals applying for ADAP services must meet eligibility standards. Services are only available to persons who reside in California, are uninsured or underinsured, are not fully covered by Medi-Cal, and have a modified adjusted gross income up to 600 percent of the federal poverty level based on family size and household income. CDPH contracts with enrollment agencies and other entities (collectively, “agents”) to help administer ADAP.

By signing this form, you are authorizing CDPH and its agents to obtain information about you from other state and federal agencies or your health care provider(s) in order to verify your eligibility for ADAP. You are also authorizing the enrollment agencies to collect information from you in order to enroll you in ADAP.

The information you are authorizing CDPH and its agents to obtain includes your name, date of birth, Social Security Number, income, demographic data, HIV test results, diagnosis and other medical information, and health benefits information.

Only authorized personnel at CDPH’s agents will have access to your information, and only on a need-to-know basis, as required under California law and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Confidentiality agreements are in place which keep client information confidential except with specific client authorization or as otherwise permitted by law. Information disclosed may be subject to re-disclosure and is no longer protected if it is disclosed to anyone other than a covered entity.

By signing this form, you are authorizing CDPH, and its agents involved in administration of ADAP, to collect and use your information and you are consenting to their disclosure of information about you for the following purposes:

- To and from each other to verify program eligibility and for coordination of care and benefits, program monitoring and evaluation, and other purposes directly connected with administration of ADAP.
- To and from each other to comply with state and federal reporting requirements.
- To and from the Department of Health Care Services, the Franchise Tax Board, Covered California, the Centers for Medicare and Medicaid Services, and other federal and state agencies as necessary to verify program eligibility and other purposes directly connected with administration of ADAP.
- To and from your health care provider(s) to coordinate medication billing coverage and other purposes directly connected with administration of ADAP.
- To and from Ryan-White funded programs for coordinating client eligibility and care.
- To and from your local health department for program monitoring and evaluation and to facilitate linkage to care.

- To and from the California State Auditor, the California Center for Data Insights and Innovations, the California Office of Information Security, or other state and federal agencies as required by law.

Under federal and state law, ADAP is a payer of last resort. If it is determined that services or items obtained from ADAP should have been paid by other federal, state, or private entities, ADAP or its agents may disclose your information to those entities for the purpose of obtaining reimbursement. This process may trigger an explanation of benefits that may be sent to the primary policyholder, who may not be the ADAP client.

For those enrolled in or applying for ADAP's insurance assistance programs, which provide health insurance premium payment and medical out-of-pocket cost payment assistance for eligible ADAP clients, by signing this form, you are authorizing CDPH and its agents to disclose your information to health insurance plans, Consolidated Omnibus Budget Reconciliation Act (COBRA) administrators, employers, and employer-administered health insurance plans as needed to determine your eligibility and for other purposes directly connected with administration of ADAP.

For those enrolled in ADAP with no insurance coverage, by signing this form, you are authorizing CDPH and its agents to share information about you to coordinate comprehensive health coverage navigation services for the purpose of ensuring ADAP remains the payer of last resort.

_____ (Initial here to opt-in). The Medical Monitoring Project (MMP) is an annual survey that collects information about the lived experiences of people with HIV in the United States. It is led by state and local health departments in partnership with the Centers for Disease Control and Prevention. Participants are randomly selected. By initialing here, you authorize CDPH and ADAP enrollment workers to disclose information about you to your local health department for the purpose of helping your local health department obtain accurate and up-to-date information about individuals selected for MMP.

You agree that your consent and authorization in this form shall remain in effect for two years from the date of your signature below, and a digital or photocopy of this form shall be considered as valid as the original.

You have the right to modify or revoke this consent and authorization in writing by contacting cdphmedassistfax@cdph.ca.gov. You also have the right to receive a copy of this form.

I hereby consent to and authorize the collection, use and disclosure of my personal information as set forth above.

Client/Representative* Name: _____
(Print)

Client/Representative Signature: _____ Date: _____

*If you are signing as a legal representative on behalf of the client, please provide documentation evidencing your appointment as the client's legal representation.