



## INSURANCE ASSISTANCE SECTION CLIENT REPORT FORM



Please note that the information on this form is being collected to determine eligibility for benefits under the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87) and is required by the California Department of Public Health (CDPH), Office of AIDS (OA) for that purpose. Failure to provide the mandatory information may result in the application not being processed. You have the right to review the information maintained by CDPH unless access is exempt by law. To access the information contact CDPH Insurance Assistance Section, MS 7704, P.O. Box 997426, Sacramento, CA 95899-7426, or by phone at (800) 367-2437.

All client-level data for Ryan White Program services managed through OA are entered into the AIDS Regional Information and Evaluation System (ARIES). ARIES is a highly secure, confidential, customized, Web-based, centralized client management system that provides a single point of entry for clients and allows for coordination of client services among providers. ARIES is intended to enhance services to clients by helping providers automate, plan, manage, and report on client services. At provider sites, clients sign an ARIES consent form choosing whether or not to share their information with other agencies they seek services from; this "sharing" allows clients to receive services from additional ARIES providers without having to carry a copy of their doctor's letter, proof of income, and/or living situation to each agency. ARIES is designed to save time for the clients and help ensure quick access to needed services.

If a person **ONLY** receives health insurance premium assistance through the Insurance Assistance Program, then their personal information in ARIES will **NOT** be shared with any other ARIES providers. However, should an approved IAS client visit another ARIES provider, the client will sign an ARIES consent form at that agency and choose whether or not to share their ARIES data.

If a person is receiving care services other than health insurance premium assistance and is already entered into ARIES as a "share client" at the time of their health insurance premium assistance enrollment, their share status will remain as "share" and not be changed to "non-share."

I understand that my ARIES information may be made available to my local health department, to local fiscal agents who fund the services I receive, and to OA for mandated care and treatment reporting, statistical analysis, program monitoring and evaluation activities. This data includes, but is not limited to, demographic, financial, and service information.

I certify that the answers I have given in this form are true and correct to the best of my knowledge.

\_\_\_\_\_  
**Applicant's Name**

\_\_\_\_\_  
**Applicant's Signature**

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