



Authorization for Disclosure of HIV Status

To the Applicant: Personal information concerning your HIV status has been given to:

Aging Services Access Point (ASAP)

Your Rights

- You have the right to have this information remain confidential.
- If you are eligible for Home Care Program services, you have the right to receive services regardless of your decision about the handling of the information on your HIV status.
- You have the right to instruct the ASAP about the release of information on your HIV status to agencies involved in your care.

Potential benefits of allowing limited disclosure of your HIV status include a shared knowledge and basis of decision-making about appropriate care options between the ASAP, caregivers, and you.

Potential risks of allowing limited disclosure of this information include the possibility of unauthorized disclosure of your HIV status.

Your Options

Please check **one** option:

- ☐ I do **not** give permission to share any information about my HIV status.
- ☐ I authorize that **only** appropriate ASAP employees have access to information about my HIV status for the purpose of arranging for my services.
- ☐ I authorize that **only** appropriate ASAP employees and employees of organizations or facilities who are responsible for providing my direct care have access to information about my HIV status for the purpose of arranging for my services.

Please read this form carefully before signing. You are informing the ASAP of your instructions regarding the release of information about your HIV status.

Signature of Applicant

Date

To the ASAP: If the applicant does not choose one of the options above or chooses not to sign this form, information on his or her HIV status will be kept strictly confidential.