

AUTHORIZATION TO EXCHANGE INFORMATION

I hereby authorize Steven Deerwood, Transportation Program Coordinator at the Minnesota AIDS Project
to exchange information regarding:

_____ with
(Client's Name) (Client's Date of Birth)

(Name of Organization /Individual with whom the client authorizes the Transportation Program to exchange information.
This may be the client's medical clinic, case manager, social worker, family member, etc.)

(Address of Organization / Individual with whom the client authorizes the Transportation Program to exchange information.)

NOTE: CLIENT TO INITIAL EACH ITEM INDICATING AUTHORIZATION OR WRITE "N/A" IF NOT APPLICABLE

- Purpose: To provide and coordinate services
- Verification of diagnosis
 - Medical information related to date of diagnosis/information regarding ongoing medical care
 - Services provided by the Minnesota AIDS Project
 - Psycho-social factors including, but not limited to, housing, financial status, hospitalizations, and alcohol and drug use
 - Medical history
 - Home care information
 - Mental health/psychological history
 - Program eligibility verification
 - Coordination of Care

Other information to include:

I understand that this information will be kept in a confidential manner by the Minnesota AIDS Project staff and trained volunteers.

I have been informed of my right to refuse to allow MAP to exchange this information.

I understand that I may revoke this consent upon written notice. The revocation will be effective the day it is received by the staff person named on this release or his/her successor.

I understand that the consent will automatically expire within one year after the date of my signature, if an earlier date is not specified.

I understand a photocopy or fax of this form is the same as the original

I understand I may have a copy of this form after I have signed it.

I understand that information may be exchanged via phone, fax, email or a meeting with provider

Expiration date Client Name (Please print)

Client Signature Date

This document is available in **alternate formats** upon request.