



## Pre-Exposure Prophylaxis Assistance Program Consent Form

### Consent to Participate and Consent to Release Personal and Medical Information

The Pre-Exposure Prophylaxis (PrEP) Assistance Program is a subsidy program administered by the California Department of Public Health (CDPH) to subsidize certain costs of medication for the prevention of HIV infection and other related medical services for eligible individuals. Individuals applying for PrEP Assistance program services must meet eligibility standards. Services are only available to persons who are residents of California who are at least 18 years of age; are HIV-negative; meet the financial eligibility requirements; and have been prescribed medication listed on the AIDS Drug Assistance Program formulary.

To verify eligibility for this program, CDPH or its agents may be required to obtain personal information from other agencies or health care providers. If you decide to enroll in the PrEP Assistance Program, the enrolling agency will collect personal information including your name, date of birth, address, social security number, medical history (including HIV labs), and financial eligibility for the program. The information will be considered confidential, but may be exchanged with health care providers, CDPH staff, program enrollment workers, the Department of Health Care Services (DHCS), Franchise Tax Board (FTB), Covered California, CDPH contractors associated with the administration of the program, the drug manufacturer(s), health insurance plans, Consolidated Omnibus Budget Reconciliation Act (COBRA) administrators, employers and employer administered health insurance plans and other governmental or public agencies as necessary for the limited purposes of administering the program and determining program eligibility. Information that you provide for your PrEP Assistance Program application may also be made available to your local health department for statistical and research purposes. This information includes, but is not limited to, gender, ethnicity, diagnosis status, zip code, and date of birth. This information may also be used for research and professional writings under strict assurances that all identifying information including, name and social security number, is deleted. Any professional or research reports that may be published will not use your name nor any personal identifying information. Confidentiality agreements are in place which keep client information confidential except with specific client consent or as otherwise allowed by law.

I, \_\_\_\_\_, consent to release of personal and medical information to the applicable entities and for the purposes described above, as necessary for the PrEP Assistance Program in which I am enrolled in, or applying for services. I understand and agree that the PrEP Assistance Program is the payer of last resort. If it is determined that services or items I obtained from the PrEP Assistance Program should have been paid by other Federal, State, or private entities, I understand and agree that the PrEP Assistance Program and its agents may disclose protected health information to these other entities for the purpose of obtaining reimbursement. This process may create an explanation of benefits that could be sent to a primary policyholder who may not be the PrEP Assistance Program client.

This consent shall remain in effect for two (2) years from the date of my signature below. A photocopy of this consent shall be considered as valid as the original.

Applicant Name (print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_