

**HEALTH CASE MANAGEMENT
CONSENT FOR SERVICES**

ARIES 14-Character Code													

I, _____, wish to receive services provided by _____.

I understand that key activities include verification of my eligibility; provision of the requested services; and assessment of the quality of services received will be monitored and evaluated by the funding administrator, The Houston Regional HIV/AIDS Resource Group, Inc. This is required under the signed agreement executed to ensure that these funds are made available to me.

I understand that no information or records associated with my case will be knowingly released to anyone or any agency without my informed written consent, or a subpoena, court order or legal statute.

I am giving this consent of my own free will. This consent will remain in effect until I provide a written statement revoking my consent.

I fully release and hold the entities administering the funding for these services; The Houston Regional HIV/AIDS Resource Group, Inc., the entity responsible for overseeing and managing these funds, _____; their Officers, Directors, Board Members, employees and agents (i.e.: volunteers, students) harmless from any and all damages, losses, liabilities (joint or several), payments, obligations, penalties, claims, litigation, demands, defenses, judgments, suits, proceedings, costs, disbursements or expenses (including without limitation, fees, disbursements and expenses of attorneys, and other professional advisors and of expert witnesses and costs of investigation and preparation) of any kind or nature whatsoever resulting from, relating to or arising out of my receipt of services.

I was given a copy of my Client Rights & Responsibilities and the Grievance Policy and Procedures and Confidentiality was explained to me. I was offered an opportunity to discuss them in a language I understand and I agree to abide by them.

CLIENT SIGNATURE OR MARK (IF OF LEGAL AGE AND LEGALLY COMPETENT)

DATE

PARENT/GUARDIAN/POWER OF ATTORNEY (WITH COPY OF AUTHORITY ATTACHED)

DATE