

## ARIES Consent Form

I, \_\_\_\_\_, have been provided a copy of the Texas Health and Safety Code, Chapter 81, subsections 046 (§ 81.046) and 103 (§ 81.103). I understand my rights and obligations and the rights and obligations of healthcare and social service professionals in regard to the gathering and sharing of my information.

I understand that by checking "YES" and signing below I am agreeing to share information contained within the AIDS Regional Information and Evaluation System (ARIES) with the agencies and/or personnel who provide services throughout the Ryan White Title IV Project. It is not possible to opt out of sharing your data with relevant health authorities.

I understand that even though I consent to share information within the ARIES system, that at no time will counseling or legal progress notes be shared with anyone but those personnel engaged in providing those services.

I understand that I may elect to discontinue sharing my data at any time by requesting and filling out a new ARIES Consent Form and filling it out appropriately.

I understand that this consent form is solely for the purpose of consent to sharing data within the ARIES system, and this form does not supersede nor supplant any existing release of information documentation I may have on file with this or any other agency.

ARIES is designed to provide its data with the greatest level of confidential and security possible. Data in the AIDS Regional Information and Evaluation System (ARIES) is encrypted and secure before being transmitted. Each user must also have a signon and security certificate that grants the ability to create, change, or view only information on those screens appropriate to their job function. Medical information is protected at the highest level. Only medical and appropriate support personnel are granted access to create, change, or view medical data.

I understand that this form will need to be updated once per year.

Yes, I wish to share my Data in ARIES

No, I do not wish to share my Data in ARIES\*

\_\_\_\_\_  
*Client/Parent/Guardian Signature*

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

\_\_\_\_\_  
*Case Manager/Intake Coordinator Signature*

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

\_\_\_\_\_  
\* I understand that by checking "No", my data will still be shared with Special Health Resources for Texas Inc., the Texas Department of State Health Services, and other legally required entities for surveillance and reporting purposes, or as required by state and federal law. Checking "No" only excludes me from sharing my demographic and service data with other agencies from which I may or may not be receiving HIV/AIDS related services.

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