

ALABAMA'S Ryan White HIV/AIDS Part B MEDCAP CERTIFICATION STATEMENT

DISCLOSURE STATEMENT

Under Alabama State law, HIV related information provided to enroll in Alabama's Ryan White HIV/AIDS (RWHA) Part B services is kept strictly confidential. Client information provided in the RWHAPB services application and eligibility reassessment forms contain health information that is protected in accordance with the Health Insurance Portability & Accountability Act (HIPAA).

The Applicant's medical and personal information will be used to determine eligibility; to ensure care and service needs are met and for the State's RWHAPB services program to remain compliant with federal funding guidelines.

RELEASE OF INFORMATION STATEMENT

I do hereby authorize the use of my personal, financial, and medical information for the purposes listed in the **Disclosure Statement**, above, and I understand that all information will be treated with the strictest confidentiality.

CERTIFICATION STATEMENT

I certify that the information I provided in my Ryan White HIV/AIDS Part B service application is true to the best of my knowledge. I understand that intentionally withholding and/or providing false or misleading information will result in immediate denial or termination of all Ryan White HIV/AIDS Part B funded services including ADAP services when applicable.

I understand that I must immediately notify my Social Worker/Case Manager or Clinician of changes in my address; income, living arrangements or enrollment or eligibility to enroll in another source, (i.e., Medicaid, Medicare or any other public or private insurance plan).

I understand that I must meet with my Social Worker/Case Manager or Clinician to complete eligibility reassessment twice a year or every 6 months. I understand that non-compliance with this enrollment requirement will result in immediate termination of all Ryan White HIV/AIDS Part B services when applicable.

The conditions stated in this **Certification Statement** will remain in effect from the date of your signature for 12 months or until services are discontinued for whatever reason. Enrollment in Ryan White HIV/AIDS Part B services may be discontinued at any time by contacting your Social Worker/Case Manager.

Applicant's Name (Print) _____ **Date Signed** _____

Applicant's Signature _____

SW/CM Signature _____ **Date Signed** _____