



# The Aliveness Project HIV Services Programs Client Consent Form

the **Aliveness** project

## Introduction

The Aliveness Project's client services programs are intended to support you. You are eligible to participate in the programs because you are an HIV infected person living in Minnesota and meet program eligibility criteria. This notice is given and/or reviewed with all The Aliveness Project clients. For the purposes of this document, clients are defined as those persons receiving reportable services including: AIDSLine services, case management, transportation, housing services, benefits counseling, Every Penny Counts Emergency Assistance, and other support services.

## Data Practices

As a client of The Aliveness Project certain laws including the right to privacy protect you. The Minnesota Government Data Practices Act provides you with rights about data obtained from you. The data we collect at The Aliveness Project is, in nearly all cases, considered private data, which means you have access to it. The Aliveness Project is aware of the sensitive and private nature of much of the information that is shared between clients and The Aliveness Project staff. The Aliveness Project as an agency, is committed to maintaining and protecting your confidentiality. The Aliveness Project collects data:

- To assess your individual situation and coordinate services for you. These services may be at The Aliveness Project or they may be services you receive from other agencies;
- To assess the effectiveness of The Aliveness Project's services;
- To verify to funding sources that The Aliveness Project is providing services and the outcome of those services;
- To determine your eligibility for services offered by The Aliveness Project and other agencies;
- To make appropriate referrals.

Information about you may be exchanged among The Aliveness Project staff and volunteers as needed to coordinate services for you. Additionally, client records may be reviewed for the following reasons:

- Supervisors, agency attorneys or consultants to make sure you are receiving the best possible service;

Clients receiving services funded in whole or part through the Ryan White program will have demographic data about them (including: name, date of birth, race, ethnicity, gender, zip code, income level, insurance and housing status, HIV/AIDS diagnosis dates and related medical information) sent to the Minnesota Department of Health (MDH). Additionally, the Minnesota Department of Human Services and Hennepin County Ryan White Program will have access to information sufficient to carry out payment, treatment and operations as specified by the HIV/AIDS Bureau of the U.S. Department of Health & Human Services Health Resource and Service Administration (HRSA). These organizations maintain this information in a confidential manner and do not share your name with any other entities.

## Client Responsibilities

As a client at The Aliveness Project, it is important that you notify program staff of any changes in address and/or telephone number to achieve regular and effective communication. In addition, you may be asked to sign agreed-upon release of information forms so program staff can communicate with others as you work toward goals. If you choose not to give program staff consent to talk with others involved in your care, certain services may be affected.

**Consent for your assigned program staff to communicate with other program staff at the Aliveness Project is automatic if you choose to receive services The Aliveness Project.**

## Client Bill of Rights

Any member of The Aliveness Project is entitled to the following rights:

- The right to treatment with dignity and respect in a nonjudgmental manner, regardless of HIV status, race, ethnicity, religion, age, country of origin, sexual orientation, or sexual identification.
- The right to keep one's HIV status and other personal information confidential. Information will be withheld from all inquirers, including family member, friends, spouse/partner, medical providers, or law enforcement personnel except in cases of life-threatening situations, child abuse or with the written request/permission of the client.
- The right to full information about the services offered by The Aliveness Project.

- The right to refuse or discontinue services at any time for any reason. This includes the right to inspect all client-specific documents, including intake forms, assessment forms, case notes and any other documents pertaining to the client only.
- The right to information pertaining to the grievance and appeals process in the event that a member has a dispute with a staff person or service provider.
- The right to be protected from sexual, verbal and/or physical harassment from staff or other service providers of The Aliveness Project.
- The right to be protected from discharge from membership without due cause, notice and/or process.

**Grievance Procedure**

It is the policy of The Aliveness Project that services will be provided to all individuals without discrimination on the basis of HIV infection, race, creed, color, age, sex, gender, sexual orientation, religion, national origin, physical or mental disability, or any basis prohibited by law. You have the right to file a grievance if you feel you have been treated unfairly in any way. You will suffer no repercussions in service delivery solely as a result of filing a grievance. All grievances will be addressed in a confidential manner.

If you have a grievance or recommendation, you should first discuss it with the case manager or staff you are working with. If this is not successful or if you feel that this is not an option, you should proceed with the following steps:

1. A written statement should be prepared (including date and time of incident) of the grievance.
2. Submit the grievance to the Case Manager or staff supervisor. An appointment will be scheduled for you to meet with the supervisor to resolve your grievance.
3. If the matter cannot be mediated, your grievance may be referred to the Executive Director for final resolution.
4. Grievances will receive prompt attention. Every effort will be made by all appropriate staff to address and resolve grievances within ten (10) working days.

All written correspondence can be mailed to or dropped off at

- The Aliveness Project, 3808 Nicollet Ave, Minneapolis, MN 55409

**Client’s Statement**

By signing below, I acknowledge that I have read and understand the above information and consent to receive services provided by The Aliveness Project under the conditions stated above. I agree with The Aliveness Project that programs require my active participation, cooperation, and coordination between my assigned program staff and my medical provider. I understand that if I do not actively participate and cooperate, The Aliveness Project program services will be discontinued. I can also voluntarily discontinue services, in writing, at any time.

I acknowledge that I have received copies of this consent form, the Bill of Rights and the HIPAA policy. Any and all copies of this document are to be considered as binding as the original.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Name (Please Print)

\_\_\_\_\_  
Access Pass Number

\_\_\_\_\_  
Program Staff Signature

\_\_\_\_\_  
Date