**Heather Ivy Society (HIS) EHE Consent Form**

**The following consent agreement authorizes Heather Ivy Society, Inc to collect and release your personal and health information to the Fulton County, Georgia, Department of HIV Elimination. Reporting of client-specific information is required to satisfy regulatory and compliance mandates of the Ending the HIV Epidemic (EHE) in the United States funding source. Data collection is for information purposes only.**

Client Information: (Individual whose information will be released)

Name: Date of Birth:

First MI Last

Address:

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of HIV Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HIV Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender (circle one): **CIS-FEMALE** (born with vagina, now female) **TRANS-MALE** (born with vagina, now male)

Ethnicity (circle one): Black White Latina Asian/PI Native American Other

I authorize the use and release of my personal and health\* information to the Fulton County Department of HIV Elimination as a recipient of resources or services provided by Heather Ivy Society, Inc. I understand that I have the right to revoke this authorization at any time. I understand that to revoke this authorization, I must do so in writing and send my written revocation to **Heather Ivy Society, Inc, 3939 Lavista Road, #E-310, Tucker, GA 30084**. I understand that the revocation will not apply to information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire in 365 days from the date of signature.

Signature of Member: Date: Signature of Legal Representative

only if member is unable to sign**\*\***: Date:

Name of Legal Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Client:

**\*\* If signed by legal representative, *must provide representative documentation as required by state law*, i.e. Healthcare Power of Attorney, Health Care Surrogate, Living Will or Guardianship papers.**

\* Health (this includes Medical, Dental & Pharmacy Information) *03/29/2022*