

## CLEAR Program Referral Form and Release of Information

This form is to share client information relevant to their referral and enrollment in the CLEAR Program. Please send completed Referral/ROI Forms to CLEAR Program, either by e-mail [clear@aaas-c.org](mailto:clear@aaas-c.org), fax (919) 896-7441, or mail to: 1637 Old Louisburg Rd, Raleigh, NC 27604. We also accept referrals by phone. Please call (919) 834-2437 x1005. If your organization has a separate process for outgoing referrals, we will also accept that in lieu of our own forms. If you have any questions, please feel free to contact us.

<p><b>Date:</b> _____</p> <p><b>Name of Staff:</b> _____</p> <p><b>Position:</b> _____</p> <p><b>Client Name:</b> _____</p> <p><b>Client DOB:</b> _____</p> <p><b>Client E-mail:</b> _____</p>	<p><b>Referral Agency:</b> _____</p> <p><b>Phone Number:</b> _____</p> <p><b>E-mail:</b> _____</p> <p><b>Client Address:</b> _____</p> <p>_____</p> <p><b>Client Phone:</b> _____</p> <p><b>Alt Phone:</b> _____</p>
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The purpose of this Release of Information is to ensure proper tracking and documentation of referrals provided to the Alliance of AIDS Services – Carolina for individuals living with HIV.

To this end, I hereby authorize and release the service provider identified above to provide copies of my medical records and treatment to the Alliance of AIDS Services – Carolina. Information covered by this release specifically includes, *but is not limited to:*

- Appointment dates and Times, including Missed Appointments;
- Recommended course of treatment; and
- Patient’s Level of Medical Compliance.

Any information not described above *must be relevant and directly related to referral documentation and tracking* in order to be covered and allowed under this release.

This release shall be valid for no more than one (1) year from the date of signature, below, and may be revoked by me at any time by verbal statement.

\_\_\_\_\_ \_\_\_\_\_  
*Client’s Signature* *Date*

\_\_\_\_\_ \_\_\_\_\_  
*Witness Name* *Witness’ Signature* *Date*

***All information contained on this form and/or any and all attachments hereto are proprietary and confidential information and are protected, as such, by Law. If you have received this information in error, please immediately contact the person shown at the top of this form on the line, “Name of Staff:” and then destroy all copies in your possession. Failure to do so may result in criminal charges and penalties.***