

Authorization to Revoke Sharing of ARIES Data

I am revoking (taking back or removing) permission to share with other HIV/AIDS organizations, my personal information maintained in the ARIES database, including but not limited to my HIV status and information on services I receive. This serves as a written notification that I am revoking authorization to share information from the date recorded below and thereafter. I understand that information entered into ARIES prior to this revocation date may continue to be shared between authorized HIV/AIDS organizations and staff.

I understand that this revocation only applies to sharing of my personal information between HIV/AIDS organizations and their staff and understand that my personal information and service delivery data will continue to be shared with the United States Department of Health & Human Services Health Resources & Services Administration (HRSA), the U.S. Department of Housing and Urban Development Housing Opportunities for Persons with AIDS (HOPWA) Program, DSHS, authorized administrative agencies and other legally required entities for surveillance and reporting purposes, or as required by federal and state law.

Client Signature

Date

Client's Printed Name

Signature of Individual or Legally Authorized Representative

Date

Agency Representative or Witness

Date

Agency Name