



## Pre-Exposure Prophylaxis Assistance Program Immediate Access Consent Form

### Consent to Participate and Consent to Release Personal and Medical Information

The Pre-Exposure Prophylaxis Assistance Program (PrEP-AP) is a subsidy program administered by the California Department of Public Health (CDPH) to subsidize certain costs of medication for the prevention of HIV infection and other related medical services for eligible individuals. Eligible individuals may enroll in PrEP-AP Immediate Access using a self-enrollment portal. PrEP-AP Immediate Access provides limited and temporary coverage of PrEP, post-exposure prophylaxis, Sexually Transmitted Infection (STI) testing, HIV testing, and Hepatitis screening. Individuals applying for PrEP-AP Immediate Access must meet eligibility standards. Services are only available to adults and minors (ages 13-17) who are HIV-negative.

If you decide to enroll in PrEP-AP Immediate Access, you will be required to enroll using the ADAP Enrollment System (AES) self-enrollment portal where personal information will be collected including your name, date of birth, address, and medical history (including HIV labs). The information will be considered confidential, but may be exchanged with health care providers, CDPH staff, program enrollment workers, CDPH contractors associated with the administration of the program, and other governmental or public agencies as necessary for the limited purposes of administering the program and determining program eligibility. Information that you provide for your PrEP-AP Immediate Access application may also be made available to your local health department for statistical and research purposes. This information includes, but is not limited to, gender, ethnicity, diagnosis status, zip code, and date of birth. This information may also be used for research and professional writings under strict assurances that all identifying information, including your name, is deleted. Any professional or research reports that may be published will not use your name nor any personal identifying information. Confidentiality agreements are in place which keep client information confidential except with specific client consent or as otherwise allowed by law.

I, \_\_\_\_\_, consent to release of personal and medical information to the applicable entities and for the purposes described above, as necessary for PrEP-AP Immediate Access in which I am enrolled, or applying for services.

This consent shall remain in effect for two (2) years from the date of my signature below. A photocopy of this consent shall be considered as valid as the original.

Applicant Name (print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_