



AIDS Drug Assistance Program and Pre-Exposure Prophylaxis Assistance Program New Enrollment Worker Training Request

This form must be completed by individuals presently working at a contracted AIDS Drug Assistance Program (ADAP) and/or Pre-Exposure Prophylaxis Assistance Program (PrEP-AP) Enrollment Site. To become a certified ADAP and/or PrEP-AP Enrollment Worker you must take the required on-demand Enrollment Worker Certification Training course(s) for the ADAP and/or PrEP-AP. In addition, you will need to take the on-demand ADAP Enrollment System (AES)/Client Portal Training. Both the ADAP and the PrEP-AP courses consist of policy and program training, as well as security and confidentiality requirements. Please note that individuals requesting training will not be able to access the AES, or view ADAP or PrEP-AP client data, until they have completed the online New Enrollment Worker Training(s) for the ADAP and/or the PrEP-AP **and** the AES/Client Portal courses. All training is conducted via an online platform.

Please complete **all sections** of this form and submit the completed form to ADAP.Training@cdph.ca.gov. Incomplete or illegible forms will not be accepted. Once the completed form has been received, you will be provided the requested online training links and instructions within two business days.

Please Type or Print Legibly

First and Last Name: _____

Date of Birth (MM/DD): _____

Enrollment Worker E-Mail Address: _____

Enrollment Worker Contact Number: _____ Ext. _____

Enrollment Site Fax Number: _____

Enrollment Site number(s) (list all sites that apply): _____

Training for (check all that apply): ADAP _____ PrEP-AP _____

Enrollment Site Name and Address (list all sites that apply):

(Signature)

(Date)



ADAP Enrollment Site Supervisor Signature:

Enrollment Site Name/Number

Site Contact/Supervisor Name

Site Contact/Supervisor Telephone Number

Site Contact/Supervisor Signature



Agreement by Employee/Contractor To Comply with Confidentiality Requirements

Summary of Statutes Pertaining to Confidential Public Health Records and Penalties for Disclosure

All HIV/AIDS case reports and any information collected or maintained in the course of surveillance-related activities that may directly or indirectly identify an individual are considered confidential public health record(s) under California Health and Safety Code (HSC), Section 121035(c) and must be handled with the utmost confidentiality. Furthermore, HSC §121025(a) prohibits the disclosure of HIV/AIDS-related public health records that contain any personally identifying information to any third party, unless authorized by law for public health purposes, or by the written consent of the individual identified in the record or his/her guardian/conservator. Except as permitted by law, any person who negligently discloses information contained in a confidential public health record to a third party is subject to a civil penalty of up to \$5,000 plus court costs, as provided in HSC §121025(e)(1). Any person who willfully or maliciously discloses the content of a public health record, except as authorized by law, is subject to a civil penalty of \$5,000-\$25,000 plus court costs as provided by HSC §121025(e)(2). Any willful, malicious, or negligent disclosure of information contained in a public health record in violation of state law that results in economic, bodily, or psychological harm to the person named in the record is a misdemeanor, punishable by imprisonment for a period of up to one year and/or a fine of up to \$25,000 plus court costs (HSC §121025(e)(3)). Any person who is guilty of a confidentiality infringement of the foregoing type may be sued by the injured party and shall be personally liable for all actual damages incurred for economic, bodily, or psychological harm as a result of the breach (HSC §121025(e)(4)). Each disclosure in violation of California law is a separate, actionable offense (HSC §121025(e)(5)).

Because an assurance of case confidentiality is the foremost concern of the California Department of Public Health, Office of AIDS (CDPH/OA), any actual or potential breach of confidentiality shall be immediately reported. In the event of any suspected breach, staff shall immediately notify the director or supervisor of the local health department's HIV/AIDS surveillance unit who in turn shall notify the CDPH/OA Surveillance Section Chief or designee. CDPH/OA, in conjunction with the local health department and the local health officer shall promptly investigate the suspected breach. Any evidence of an actual breach shall be reported to the law enforcement agency that has jurisdiction.

Employee Confidentiality Pledge

I recognize that in carrying out my assigned duties, I may obtain access to private information about persons diagnosed with HIV or AIDS that was provided under an assurance of confidentiality. I understand that I am prohibited from disclosing or otherwise releasing any personally identifying information, either directly or indirectly, about any individual named in any HIV/AIDS confidential public health record. Should I be responsible for any breach of confidentiality, I understand that civil and/or criminal penalties may be brought against me. I acknowledge that my responsibility to ensure the privacy of protected health information contained in any electronic records, paper documents, or verbal communications to which I may gain access shall not expire, even after my employment or affiliation with the Department has terminated.

By my signature, I acknowledge that I have read, understand, and agree to comply with the terms and conditions above.

(Print Enrollment Worker Name) (Enrollment Worker Signature) (Date)

(Print Site Contact/Supervisor Name) (Site Contact/Supervisor Signature) (Date)

(Name of Employer)

PLEASE RETAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS