

COUNTY OF ORANGE HEALTH CARE AGENCY

Pubic Health Services HIV Planning and Coordination

MEMO

February 19, 2010

TO: Ryan White Service Providers

FROM: Tamarra Jones, HIV Planning and Coordination Manager

CC: Jane Chai, Bill Norsetter

SUBJECT: Client Referral Process

This memo is intended to: 1) provide an overview of the use of the Basic Registration Information for Referrals form; and 2) provide an update on the ARIES consent process for clients being referred to services in which the client does not physically go to the provider location to receive the service. The following services could fall under this situation: Home Delivered Meals, Food Bank, Nutritional supplements, Medical Transportation, or Emergency Financial Assistance for Medications, Home Health Care, and Health Insurance Premium/Cost Sharing.

The Basic Registration Information for Referrals form is intended to be used for referrals beginning 3/1/10. The form is intended to facilitate a referral process for clients and providers, decrease time required for information gathering, and ensure that necessary data is collected for reporting requirements. The form shall be completed by the referring agency and submitted with all other applicable referral documents.

All clients receiving a Ryan White-funded service must have a signed ARIES consent form indicating consent to enter client information in ARIES, prior to entering data into ARIES. In instances when a client is receiving a service through a referral but does not go to the agency to receive the service, the referring agency may obtain the ARIES consent through the following process.

The referring agency shall assist the client in completing the entire ARIES consent form, including the shaded section (labeled "For Local Health Care Agency Use Only") as follows:

- Client to enter his/her name on first line as indicated
- Client to check box indicating consent for data in ARIES to be "share" or "non-share"
- Signature of Client or Parent/Guardian: If client or parent/guardian consents, he/she shall sign
- Date: Client or parent/guardian to indicate date of signature

For shaded section:

- Administered By: Indicate the **referring** agency and staff person
- Agency Name: Indicate agency receiving the referral
- Signature: If client or parent/guardian consents, he/she shall sign to allow the provider funded to provide the service (e.g. Home Delivered Meals, Food Bank, etc.) to enter client's information into ARIES

Date: Client or parent/guardian to indicate date of signature