



## CONSENT TO PARTICIPATE IN THE PERINATAL ENHANCED CASE MANAGEMENT SERVICES PROGRAM

I, *(enter client's name)* \_\_\_\_\_, consent to enroll in the Perinatal Enhanced Case Management Program through the Pediatric AIDS Chicago Prevention Initiative (PACPI).

### Description of Program

PACPI is a non-profit organization and our enhanced case management services are offered to pregnant women with HIV infection, their dependants regardless of their ability to pay.

### Program Expectations

During my participation in the Program, my case manager and I will agree on my medical and social service plan and my needs will be addressed via referral to appropriate agencies or service systems. During my participation in the Program, I will discuss my needs with my case manager on a regular basis to determine if any changes in planned services are in order.

As a client of PACPI, I understand that my case manager will be collecting information from me for program purposes such as reporting requirements, quality assurance, and evaluation. This may include a request to access some of my medical information, including but not limited to prenatal care visits, HIV risk factor, reproductive history, CD4 counts, viral loads, HIV medication, and delivery outcomes.

I agree to notify my case manager of any significant changes in my status (physical, mental, social, economic or other) or of any intent I may have to change my participation in the plan of care developed for me in connection with my participation in the Program.

I will continue to participate in the Program and receive the case management services offered by PACPI unless I choose, at any time, to refuse such services or if I am discharged from participation in the Program for one or more of the following reasons:

1. My refusal to sign the Consent to Release Information to determine eligibility in the program and to report the necessary information to city, state or federal funders.

2. Non-compliance with my service plan (for example, being out of contact with my assigned case manager for three months or more);
3. Making threats to PACPI staff or others with a likelihood that I will act on such threats; or
4. The existence of problems of environmental safety that threaten the well-being of my case manager or myself.

Should one of these occur, I understand that I may be restricted from receiving case management services from PACPI.

In connection with my enrollment in the program, I hereby allow PACPI and its representatives access to my information in the AIDS Foundation of Chicago Central database for the purposes of:

- Statistical or report writing that does not identify individuals
- Program monitoring, needs assessment, program evaluation, and research, with direct identifiers removed and with agreement to protecting the confidentiality of that information

Finally, I understand that I can revoke this consent or any portions of it at any time without it affecting my medical care in any way.

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Signature of Client

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Print Name

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Date

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