

Read the script verbatim as seen on the left side. If the caller has questions, refer to the helptext on the right. After the client has stated their name, DOB, and today's date, upload this document to the CIE.

Suggested introduction: *I'm going to read a document that asks for your permission to share your information with partners so that we can coordinate your meal deliveries with other organizations. Some statements about sensitive health information may or may not be applicable.*

Begin Script (Verbatim)

Though you have the right to provide consent on paper, do you agree to give your consent in this recorded electronic format?

If "yes" continue

If "No," do not continue and offer other resources

This statement authorizes Community Information Exchange to create a record and to share personal, financial or health information shared with us, with our Referral Partners. By providing your consent, you specifically authorize CIE to use and disclose information relating to Drug/Alcohol/Substance Abuse, Mental Health, HIV/AIDS.

The information will be used to assess your needs and coordinate your care. In some situations, your information may be re-disclosed and no longer protected under applicable privacy laws. However, your information will still be protected under our Participation Agreement with our partners.

Your refusal to give us permission to share your information will not affect your treatment, payment, enrollment or eligibility for benefits from our Referral Partners.

Please go to our website:

<https://ciesandiego.org/privacy> for a list of our Referral Partners, and our Notice of Privacy Practices to learn about how we use and share your information, and how to get a copy or revoke this authorization, which you have the right to do at any time. If you revoke this authorization, it will not affect information that has already been shared. Your authorization will be valid for ten years from today's date, unless you revoke it earlier.

As your electronic signature and agreement, please state your: name, date of birth and today's date.

Paragraph 1: You should only proceed with the telephonic signature when the caller says "yes."

Paragraph 2: This statement describes the potential information that could be collected and shared with partnering organizations. The sensitive health information may or may not pertain to everyone.

Paragraph 3: This describes how the information will be used and that the information will be continue to be shared across the CIE network. Some partners, such as hospitals and clinics, must abide by specific laws related to protected health information. Not all laws apply to the same partners. However, under the Participation agreements, client information is still protected by law.

Paragraph 4: This informs the caller that they will not be denied services for declining to consent. Their refusal to provide consent may limit the way in which we coordinate with partner agencies, but should not prevent them from seeking resources.

Paragraph 5: This directs the caller to the CIE website if they would like more information. If the caller decides to revoke their consent, the their profile will no longer be accessible by CIE Partners. No new information will get shared. 10 years allows sufficient time for long term planning and coordination. This is to prevent disruption of services and frequently be asked to complete a new authorization.

Paragraph 6: When the caller states their name, date of birth and today's date, this serves as an alternative to a written signature and completes the telephonic Authorization.