HIV Community Services Program
Coordination of Care Information

The Oregon Health Authority (OHA) HIV Care and Treatment Program runs several programs that help people living with HIV/AIDS gain access to HIV-related medical care and other supportive services.

If you are a client of any of the following programs, you are a client of the OHA HIV Care and Treatment Program.

- CAREAssist (Oregon’s AIDS Drug Assistance Program).
- Ryan White Program Part B-funded Case Management (through your local HIV case manager), including financial assistance and State Managed Services.
- Oregon Housing Opportunities in Partnership (OHOP).

When you participate in any of these programs, we will collect information that includes, but is not limited to, information about your:

- Medical information, including HIV status, physician visit dates and lab results;
- Contact information, including name(s), address(es) and phone number(s);
- Demographic information, including your age, race and ethnicity;
- Sources and amounts of income, assets or financial assistance;
- Participation in our programs and other assistance programs in your community, including your case notes that describe your work with your HIV case manager, your OHOP Housing Coordinator and your CAREAssist worker;
- Case management screening, including information on mental health, substance abuse, HIV risk behaviors and social supports;
- Ongoing needs and your satisfaction with our programs and services.

We will also verify the information that we collect from you by collecting information from other sources, including information from:

- Other OHA and the Department of Human Services (DHS) programs, including assistance programs run by the Aging and People with Disabilities (APD); the Self-Sufficiency Programs (SSP); and the Public Health Division (PHD);
- The Oregon Employment Department, including information regarding your reported wages and earnings or any compensation received through the Unemployment Insurance Center;
- The Oregon Department of Motor Vehicles, including your current address;
• Any other publicly-available sources of information or specific sources of information that you have given us written permission to contact.

We use this information to:
• Determine whether you qualify for our programs and other assistance programs in your community;
• Provide program assistance (including HIV case management, OHOP housing assistance and payment of health insurance premiums and drug copays);
• Advocate for you when you need help accessing food, transportation, housing, financial assistance or other social service programs that you may qualify for. This means we may contact agencies on your behalf to assist in coordinating services. However, we will never talk about your HIV status or other protected health information without your written consent;
• Offer you referrals to other assistance available in your community;
• Help us evaluate our programs, improve services and understand your needs;
• Attempt to contact you when you leave our programs or are lost to follow up;
• Meet the reporting requirements of the agencies that fund our program, such as the U.S. Health Resources and Services Administration (HRSA) and the U.S. Department of Housing and Urban Development (HUD).

Participating in the HIV Care and Treatment Program is voluntary. At any time you may cancel your participation in these services.

If you have questions regarding this information please contact the HIV Care and Treatment Program at 971-673-0144 or at 1-800-805-2313.