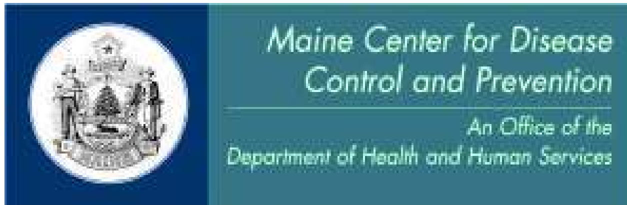


Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-3747
Fax: (207) 287-3498; TTY: 1-800-606-0215

AIDS Drug Assistance Program (ADAP)

Release of Information

I, ______________________________________, allow the Maine ADAP** to get and share my
(Your Name)
name and health information. Because I get HIV services, some of my medical and eligibility information needs to be shared. I understand that this information will only be used to sign me up for the ADAP, and to make sure I get the best services from ADAP.

I allow the Maine ADAP Program speak with, or share information with:

X My Doctor or Nurse Practitioner (their name) ________________________________

X My Case Manager (their name) ________________________________

X My Pharmacy (which one) ________________________________

X My Insurance Company (their name) ________________________________

X MaineCare (Medicaid) and the eligibility office

X GHS Data Management - the company that helps pay for your medications

X Centers for Medicare and Medicaid Services (CMS) – to learn about your Medicare or MaineCare

X Medical Care Development – the company that reimburses you for prescription co-pays

My Spouse/Domestic Partner/Family Member/Other: (optional)

__ [Name:____________________; Relationship:____________________; Phone:______________]

__ [Name:____________________; Relationship:____________________; Phone:______________]

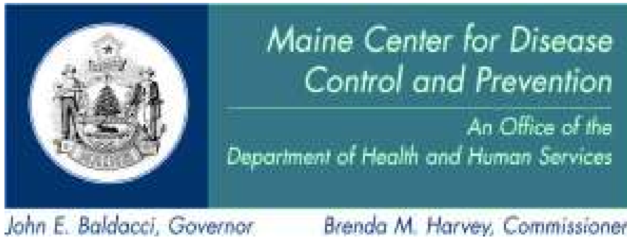
I understand that my information will only be shared if it is needed for me to get services.

Your Signature____________________________________ Today's Date________________

Read this: This permission will end one (1) year from today. You can end this permission sooner by writing to the ADAP office. If you do not sign this permission, the ADAP may not be able to assist you with your medications.

Please complete this form and return it with your ADAP recertification form.

** The Maine ADAP is a part of the Maine Center for Disease Control and Prevention, HIV, STD, and Viral Hepatitis Program



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Please complete this form and return it with your ADAP application.

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