



**LEGAL SERVICES
STANDARDS OF CARE**

FOR

HIV SERVICES IN ORANGE COUNTY

Reviewed by Planning Council 10/08/25

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SECTION 1: INTRODUCTION

Legal services are an important aspect for persons living with HIV (PLWH) and can be integral to the continuum of HIV care because they are the means by which other elements can be secured. Services ensure individuals have access to the care, services, treatment and benefits to which they are entitled to.

GOALS OF THE STANDARDS

These standards of care are provided to ensure that Orange County’s legal services:

- Are accessible to all PLWH who meet eligibility requirements
- Are provided by licensed or otherwise qualified individuals
- Are accessible both culturally and geographically to clients
- Provide individualized services for each client
- Focus on the most urgent and pressing needs of clients
- Reduce the effects of HIV discrimination and barriers in all environments
- Allow documentation of clients wishes such as wills and Advance Health Care Directives
- Secure benefits for clients
- Provide linkages for additional services if the agency is unable to provide them
- Coordinates client care with primary care medical clinics to ensure integration of services and the best care for each individual client.

SECTION 2: DEFINITION OF LEGAL SERVICES

Legal Services consist of other professional services, which allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Legal Services provided to and/or on behalf of the Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP)-eligible PLWH and involving legal matters related to or arising from their HIV status, including:

- Assistance with public benefits such as Social Security Disability Insurance (SSDI)
- Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the HRSA RWHAP
- Preparation of:
 - Healthcare power of attorney
 - Durable powers of attorney
 - Living wills
- Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:
 - Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney
 - Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption
- Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits.
- Assistance with expungement of criminal records

Divorce proceedings, adoption services, and class-action suits are not eligible for funded legal assistance. The clients' legal representative and/or affected significant other is no longer eligible for Ryan White legal services once the HIV-positive individual is deceased. Clients will be provided with the highest quality services through trained, experienced, and appropriately licensed and credentialed staff and volunteers. A preventive, educative approach will be used to prevent problems and identify problems before they become acute, so that resources are used efficiently to resolve problems, or give clients the ability to resolve problems. There shall be a regular reassessment of the community's needs based on client intake and service date to ensure that legal needs are being addressed.

SECTION 3: STAFFING REQUIREMENTS AND QUALIFICATIONS

Quality legal services start with well-prepared and qualified staff. To ensure this:

- **HIV Knowledge and Training.** Legal staff should have training and experience with HIV related issues and concerns. At a minimum, individuals providing legal services will have completed an initial and annual education session in one (1) of the topics listed below:
 - HIV disease process and current medical treatments
 - Privacy requirements and Health Insurance Portability and Accountability Act (HIPAA) regulations
 - Psychosocial issues related to HIV
 - Cultural issues related to communities affected by HIV
 - Human sexuality, gender, and sexual orientation affirming care
 - Transmission of HIV and other communicable diseases
- **Licensure.** All staff must hold the appropriate degrees, certifications, licenses, permits, or other appropriate qualifying documentation as required by Federal, State, County or municipal authorities
 - Attorneys are licensed to practice law in the state of California
 - Non-licensed staff, such as law students and other legal professionals, are supervised by attorneys
- **Legal and Ethical Obligations.** Legal staff must be aware of and able to practice under the legal and ethical obligations as set forth by California state law and their respective professional organizations. Legal staff must be current with their continuing education requirements.
- **Training.** Staff shall remain trained and knowledgeable in current legal issues in accordance with the rules of the State Bar of California. Staff will have knowledge of legal issues that may impact the legal assistance of PLWH. They will have the skills and ability to specialize in areas relevant to PLWH.
 - Agency paid staff and contractors must complete a minimum of two (2) hours of HIV specific training annually
 - New staff and volunteers must complete two hours of HIV specific training within 90 days of start date

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Standard	Measure
Staff agree to maintain standards set forth in Code of Conduct	Documentation of staff signature on file
Staff will have a clear understanding of job responsibilities	Written job description on file
Appropriate staff receive initial education regarding HIV	Documentation of training/education on file.
Provider shall ensure that staff will have appropriate degrees, certifications, licenses, permits, or other appropriate qualifying documentation, as required by Federal, State, County, or municipal authorities	Documentation of degrees, certifications, licenses, permits, or other documentation on file
Standard	Measure
Provider and staff shall take steps to build cultural and linguistic competence and maintain an environment that is accessible and welcoming to the community served regardless of race, gender, or sexual identity, gender identity, and gender expression	Written strategy as well as site visit
<p>Continuing education and training in HIV and clinically related issues</p> <ul style="list-style-type: none"> • Two (2) hours required annually for licensed staff • Two (2) hours required within 90 days of start date for newly hired staff 	<ul style="list-style-type: none"> • Materials for staff training and continuing education are on file • Documentation of continuing education in personal file (See list above)

SECTION 4: CULTURAL AND LINGUISTIC COMPETENCE

Staff must participate in a process of training and education that increases cultural and linguistic competence and improves their ability to provide culturally and linguistically appropriate services to all PLWH. Although an individual’s ethnicity is generally central to their identity, it is not the only factor that makes up a person’s culture. Other relevant factors include gender, language, religious beliefs, disability, sexual orientation, beliefs, and institutions. When providing culturally and linguistically competent services, it is important to acknowledge one’s personal limits and treat one’s patient as the expert on their culture and relation to it. If a service provider determines that they are not able to provide culturally or linguistically appropriate services, they must be willing to refer the patient to another service provider that can meet the patient’s needs in accordance with their agency’s referral policy and procedure.

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Based on the Health and Human Services’ National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards), culturally and linguistically appropriate services and skills include:

- Effective, equitable, understandable, and respectful services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
- The ability to respect, relate, and respond to a client’s culture in a non-judgmental, respectful manner.
- Meeting the needs and providing services unique to our clients in line with the culture and language of the clients being served, including providing written materials in a language accessible to all clients.
- Recognizing the significant power differential between provider and client and work toward developing a collaborative relationship.
- Considering each client as an individual, not making assumptions based on perceived memberships in any specific group or class.
- Translation and/or interpretation services to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all services.
- Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- Being non-judgmental in regard to people’s sexual practices.
- Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

Standard	Measure
Service providers shall recruit a diverse staff that reflects the culture (including gender, sexual identity, and disability) of the community served	Service providers shall have a written strategy on file
All staff (including administrative staff) will receive initial training within 60 days of hire and annual training to build cultural and linguistic competence	Documentation of training/education on file.
Service providers shall have posted and written materials in appropriate languages for the patients served	Site visit will ensure
Service provider will maintain a physical environment that is welcoming to the populations served	Site visit will ensure
Service provider complies with American Disabilities Act (ADA) criteria	Completed form/certification on file

SECTION 5: CLIENT REGISTRATION

Client registration is required for all clients who request or are referred to Legal Services. Registration is a time to gather registration information and provide basic information about service availability. It is also a pivotal moment for establishment of trust and confidence in the care system. Staff shall be careful to provide an appropriate level of information that is helpful and responsive to client need.

If a client has been referred by another Ryan White provider to receive services and the client has opted to share their AIDS Regional Information and Evaluation System (ARIES) data, the provider receiving the referral does not have to collect registration information. The provider shall review ARIES to ensure all registration data have been collected and is documented in ARIES. If the client is non-share in ARIES, the referring provider may provide registration information or the provider receiving the referral shall gather registration information from the client. Provision of information regarding *Client Rights and Responsibilities*, *Client Grievance Process*, and *Notice of Privacy Practices (NPP)* may be conducted one-time at the referring provider agency. To document the provision of this information, the referring provider may send the legal services provider a signed document indicating that they have provided this information to the client.

The following describe components of registration:

- Staff shall respond to phone calls within two (2) business days upon receipt of phone call from a client and/or case manager.
- Staff shall schedule an initial appointment within five (5) business days of client contact.
- Registration shall take place as soon as possible. If there is an indication that the client may be facing a medical crisis, the registration process shall be expedited, and appropriate intervention may take place prior to formal registration.
- The service provider shall obtain the appropriate and necessary demographic information to complete registration as required for the Ryan White Services Report (RSR). This may include, but is not limited to, information regarding demographics, risk factors, HIV medical history, living situation, employment and financial status, service linkages, and emergency contact information.
- Staff shall clearly explain what services entail the availability of various services.
- Staff shall communicate information to clients described below:
 - Written information about resources, care, and treatment (this may include the county-wide HIV Client Handbook) available in Orange County.
 - Information about filing a **Grievance** if the client feels their rights have been violated.
 - A copy of the client's **Rights and Responsibilities** (included in the HIV Handbook or Provider's Rights and Responsibilities).

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- Clients shall also be given the **Notice of Privacy Practices (NPP)** form. Clients shall be informed of their right to confidentiality. It is important not to assume that the client's family or partner knows the HIV-positive status of the client. Part of the discussion about client confidentiality shall include inquiry about how the client wants to be contacted (at home, at work, by mail, by phone, etc.).
- The provider shall also obtain the following required documents:
 - A **Consent for Services** form, signed by the client, agreeing to receive services.
 - Clients shall be informed of HIV Care Connect (HCC) and obtain an **HCC consent**. The HCC consent must be signed at intake prior to entry into the HCC database and every three (3) years thereafter. The signed consent form shall authorize the Office of AIDS (OA) to record and track their demographic, eligibility, and service information and share this information with other agencies in the Ryan White system of care.
 - A signed document indicating receipt of **Rights and Responsibilities**. Client rights and responsibilities incorporate a client's input; and provide a fair process for review if a client believes they has been mistreated, poorly served, or wrongly discharged from services.
 - If there is a need to disclose information about a client to a third party, including family members, client shall be asked to sign an **Authorization to Disclose (ATD)/Release of Information (ROI)** form, authorizing such disclosure. This form may be signed at registration prior to the actual need for disclosure. Releases of information may be cancelled or modified by the client at any time.

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Standard	Measure
Client shall be contacted within two (2) business days of client contact. Legal Services staff shall schedule an initial appointment within five (5) business days of client contact.	Registration tool is completed and in client record
HCC Consent signed and completed prior to entry into HCC	Signed and dated based on HCC consent form guidelines by client and in client service record
Release of Information is discussed and completed as needed	Signed and dated by client and in client record as needed
Client is informed of Notice of Privacy Practices	Signed and dated by client and in client record
Client is informed of Rights and Responsibilities	Signed and dated by client and in client record
Client is informed of Grievance Procedures	Signed and dated by client and in client record
Consent for Services	Signed and dated by client and in client record
Authorization to Disclose (ATD)/Release of Information (ROI) is discussed and completed as needed	Signed and dated by client and in client record

SECTION 6: LEGAL SERVICES SCREENING

Service provider shall conduct a screening and assessment of the client’s needs and eligibility/qualifications for services.

- **Screening:** To qualify for Legal Services, the client must meet eligibility screening and income service qualification and be re-screened for eligibility/qualification annually with periodic checks.
- **Assessment:** The client must be assessed for the need for legal services and how services are necessitated due to HIV status.

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Standard	Measure
Eligibility screening including income service qualification conducted annually, with periodic checks, or when a change has occurred that impacts a client's eligibility/qualification for services	<ul style="list-style-type: none"> • Documentation in client record • Site visit will ensure
Assessing need for legal services and how services are necessitated due to HIV status	<ul style="list-style-type: none"> • Documentation in client record • Site visit will ensure

SECTION 7: SERVICE MANAGEMENT

Once client registration and screening has been conducted, the provider may offer the appropriate range of services to the client. Service management is the system by which all levels of services are delivered. Service management shall be consistent with the following principles.

- **Service Delivery**
 - Services shall be delivered in a manner that promotes continuity of care.
 - Providers shall refer clients to other providers if they cannot provide a level of service that is medically, culturally, linguistically, or otherwise appropriate for the needs of the clients.

- **Confidentiality**
 - Provider agencies shall have a policy regarding informing clients of privacy rights, including use of Notice of Privacy Practices. For agencies and information covered by the Health Insurance Portability and Accountability Act (HIPAA), providers shall comply with HIPAA guidelines and regulations for confidentiality.

- **Service Planning**
 - Where service provision options are substantially equivalent, the least costly alternative shall be used in meeting the needs of clients.
 - Services shall be planned, managed, and monitored to avoid the need for urgent or emergency services, the interruption of services, and need for emergency or unplanned appropriations of funding to continue services during contract periods.

- **Documentation and Data Collection**
 - Program and administrative staff shall provide adequate data collection in a timely manner and documentation of all services provided for accounting, reporting compliance, and evaluation purposes.

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- Program data shall be entered into HCC within five (5) business days as specified in contract or scope of work.
- Service providers shall document and keep accurate records of units of services for use in reporting units of service for reimbursement and community planning.
- Service providers shall gather and document data (e.g. demographic, eligibility, and risk factor information) for the Ryan White Services Report (RSR).
- **Compliance with Standards and Laws**
 - Service directors and managers shall ensure compliance with all relevant laws, regulations, policies, procedures, and other requirements designed to enforce service standards and quality.
 - Legal services shall be consistent with standards set forth in this document.

Standard	Measure
Provider shall have procedure to address walk-ins, telephone triage, and emergencies and after-hour care	Written procedure in place
Provider shall have procedure for making referrals to offsite services	Written procedure in place
Provider shall have policy regarding informing clients of privacy rights, including use of Notice of Privacy Practices; for covered agencies and information, policy shall be consistent with HIPAA regulations	Written policy on file
Staff shall be aware of confidentiality policy via training upon employment and annually thereafter	Documentation of education or training on file
Provider shall ensure client information is in a secured location	Site visit will ensure

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Standard	Measure
Provider shall screen clients to ensure the least costly service is used as appropriate to client needs; screening shall occur at minimum when client is accessing a new service and periodically as the client's needs change	<ul style="list-style-type: none"> • Written procedure in place • Documentation of client screening and determination on file • Site visit will ensure
Provider shall regularly review client charts to ensure proper documentation including progress notes	Written procedure in place
Providers shall document and keep accurate records of units of services	Site visit and/or audit will ensure
Service directors and managers shall ensure compliance with all relevant laws, regulations, policies, procedures, and other requirements designed to enforce service standards and quality	Site visit and/or audit will ensure

SECTION 8: PREVENTIVE SERVICES

A legal check-up is a prompt, comprehensive review of client's legal needs. Legal services will be provided as needed to counsel client on how to prevent discrimination in employment, housing, and public accommodations. Documentation of these services will be maintained in the client record.

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Legal check-ups will include:

- Counseling about protecting privacy to prevent discrimination
- Include one-on-one legal evaluation and counseling session with a trained legal advocate addressing important legal issues faced by people living with HIV—as it pertains to the client—may include (but not limited to):
 - Income tax preparation
 - Discrimination
 - Access to and Denial of benefits
 - Tenant rights
 - Immigration
 - End of Life Planning, including preparation of:
 - Healthcare power of attorney
 - Durable powers of attorney
 - Living wills
 - Family law including Permanency Planning
 - Bankruptcy Assistance including debtor- creditor conflicts
 - Assistance with expungement of criminal records

Educating clients how to access legal services in their communities.

Standard	Measure
Legal check-ups will include: <ul style="list-style-type: none"> • Legal counseling • One-on-one evaluation and counseling session • Education about how to access legal services 	Documentation in client file

SECTION 9: SERVICE PROVISIONS

Legal services must meet Ryan White criteria. In cases where the services do not meet Ryan White criteria, legal services staff and the client will work together to determine the best course of action for the client without offending Ryan White requirements.

For legal services that do meet Ryan White criteria, legal services staff will inform client about the nature of services offered, including client's rights to engage in and be informed of any legal goals and/or strategies. Each of these services provided to a client will be documented.

Legal services programs will conduct appropriate direct legal assistance to meet the legal needs of the client. Potential services may include (but are not limited to):

- Providing relevant legal advice and counseling
- Negotiating
- Drafting documents
- Representing clients in court and administrative proceedings where appropriate
- After initial guidance, referrals to other providers of legal services or programs if not within the legal services program's scope of services, which must be documented in case file
- Placement of cases with pro bono attorneys, with results of placement tracked in case file

Direct legal assistance services may be provided to:

- Address HIV discrimination in insurance, housing, employment, and other environments
- Ensure access to health care and support services
- Ensure access to and maintenance of public benefits and entitlement programs
- Prepare powers of attorney, Advance Health Care Directives, and end-of-life testamentary documentation

Standard	Measure
Documentation of services provided to clients and the results of these services	Documentation in client file

SECTION 10: LEGAL SERVICE CLOSURE

Legal services can be critical to maintaining a client's health and overall wellbeing. Discharge from legal services may impact the client's overall health. As such, discharge or termination of services must be carefully considered, and reasonable steps must be taken to assure that clients who need legal services are maintained in services.

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A client may be suspended or terminated from legal services due to the following conditions:

- The client has become ineligible for services (e.g., due to relocation outside Orange County or other eligibility requirements).
- The client shows no demonstrated need for these services.
- The client chooses to terminate services.
- The client's needs would be better served by another agency.
- The client demonstrates pervasive unacceptable behavior that violates client rights and responsibilities.
- The client has had no direct program contact in the past six months.
- The client has died.

The following describe components of discharge planning:

- **Missed Appointments.** If the client has missed appointments and is at risk of suspension or termination of services, the legal provider will provide follow-up including telephone calls, written correspondence and/or direct contact, to strive to maintain a client's participation in care. Provider, within the constraints of previously signed releases of information, may work with the case manager to locate the client.
- The provider shall contact the client or the caregiver, in person, by phone, or with a formal letter, to explain why he/she is being discharged. If the client does not agree with the reason for discharge, he/she should be informed of the provider's grievance procedure.
- A discharge summary should be documented in the client's record. The discharge summary shall include the following:
 - Circumstances and reasons for discharge
 - Summary of service provided
 - Goals completed during services
 - Referrals and linkages provided at discharge as appropriate
- **Data Collection Closeout.** The provider shall close out the client in data collection system as soon as possible within thirty (30) days of case termination.

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- **Transfer.** A client may be discharged if his/her needs would be better served by another agency and is transferred to that agency. If the client is transferring to another provider, and the other provider will participate in the process, case closure should be preceded by a transition plan. To ensure a smooth transition, relevant intake documents may be forwarded to the new service provider. Providers from the two agencies should work together to provide a smooth transition for the client and ensure that all critical services are maintained, with appropriate Release of Information.

Standard	Measure
Follow up will be provided to clients who have dropped out of service without notice	Signed and dated note to document attempt to contact in client service record
Notify client regarding closure if due to pervasive unacceptable behavior violating client rights and responsibilities	Copy of notification in client service record. If client has no known address or is unable to receive mail, documentation of other types of notification or attempt at notification in client service record
A legal service closure summary shall be completed for each client who has terminated service	Client service record will include signed and dated legal service closure summary to include: <ul style="list-style-type: none"> • Circumstances and reasons for discharge • Summary of service provided • Goals completed during service • Referrals and linkages provided at discharge as appropriate
Transition plans created for clients who transfer to other providers which shall be forwarded to the new service provider	Signed and dated note documented in client service record
Closeout of data collection shall be completed for each client who has been closed from all Ryan White services at that service provider	Data collection system (HCC) will indicate client's closure no later than thirty (30) days of service

SECTION 11: QUALITY MANAGEMENT

Providers shall have at least one (1) member on the Ryan White Quality Management (QM) Committee. The QM Committee oversees quality management activities for all providers under Ryan White Part A. Providers may continue to have their own QM committee if they desire and/or are required to do so under other funding streams. The intent of a centralized QM committee with representation from all providers is to ensure information between agencies is consistent, quality initiatives are undertaken by the entire Ryan White system, and service delivery issues can be addressed system wide

As providers participate in the centralized QM committee, the intent is for all providers to actively participate in and provide feedback on the following items:

- Providers shall participate in community-wide Quality Improvement initiatives as developed by the QM committee.
- Providers will implement strategies that may lead to improvements in health outcomes as outlined in annual Outcome Measures.
- Providers will implement quality assurance strategies that improve the delivery of services.

Standard	Measure
Providers shall participate in annual quality initiatives	Documentation of efforts to participate in quality initiatives

Appendix A: Glossary of Terms

The terms defined in the appendix are general terms used throughout all of the standards of care and may not appear in the each individual standard.

Americans with Disabilities Act of 1990 (ADA): The ADA is a civil rights law that prohibits discrimination against individuals with disabilities in all areas open to the general public. The purpose of the law is to make sure that people with disabilities have the same rights and opportunities as the general public.

Authorization to Disclose (ATD): Signed consent by client that wants to grant another individual or organization access to their protected health information (PHI).

Case Manager or Jail Case Manager: The assigned staff member responsible for providing services to individuals that are incarcerated or within 180 days of release. The staff member is responsible for adhering to the Ryan White Jail Case Management Standards of Care.

Client: Is a person receiving services from an Orange County Ryan White funded program who has been incarcerated or has been recently released from incarceration.

Eligibility for a service: Is based on Health Resources Services Administration (HRSA) requirements, including proof of HIV status, proof of Orange County residency, and proof of payer of last resort. Eligibility workers are responsible for verifying this information.

Eligibility Verification Form (EVF): Form used to document a client's eligibility for Ryan White services. Information includes but is not limited to contact, income, household, and insurance information.

Grant Recipient: Government recipient of Ryan White Part A funds. In Orange County, the Orange County Health Care Agency acts as the Grant Recipient for Ryan White Part A funds.

HCC: HIV Care Connect (HCC) is a centralized HIV/AIDS client management system that allows for coordination of client services among medical care, treatment and support providers and provides comprehensive data for program reporting and monitoring. HCC is used by Ryan White-funded service providers to automate, plan, manage, and report on client data.

Health Insurance Portability and Accountability Act of 1996 (HIPAA): Is the US federal legislation that provides data privacy and security provisions for safeguarding medical information. More information can be found through US Department of Health & Human Services at <https://www.hhs.gov/hipaa/for-professionals/index.html>.

HIV Planning Council (Council): Provides advice and makes recommendations to the County regarding HIV policy issues, service needs of the community, and allocates funds to each service funded under the Ryan White Act and advises the County on Housing Opportunities for People with AIDS (HOPWA) funds.

Notice of Privacy Practice (NPP): A notice to clients that provides a clear, user friendly explanation of client's rights with respect to their personal health information and the privacy practices of health plans and health care providers as required by HIPAA.

Payer of last resort: Funds are used to pay for care services that are not covered by other resources such as Medi-Cal or private health insurance.

Protected Health Information (PHI): Under US law, any information about health status, provision of health care, or payment for health care that is created or collected by a covered entity such as a health plans, health care clearinghouses, and health care providers as defined by HIPAA rules that can be linked to a specific individual.

Provider: An institution or entity that receives funding to provide Ryan White services. This includes a group of practitioners, clinic, or other institution that provide Ryan White services and the agency at which services are provided.

Qualifying for a Service: Based on HRSA eligibility and Planning Council determined requirements (for example, proof of disability for Food Bank, income less than 300% of Federal Poverty Level for Mental Health Services), providers are responsible for ensuring that services provided adhere to qualifying requirements.

Release of Information (ROI): Signed consent by client that wants to grant another individual or organization access to their protected health information (PHI).

Ryan White Act: Federal legislation first authorized in 1990 that created Ryan White HIV/AIDS Program which provides a comprehensive system of care that includes primary medical care and essential support services for people living with HIV who are uninsured or underinsured.

Staff: An individual who directly provides Ryan White services, oversees the provision of Ryan White services, or perform administrative functions for Ryan White services. This may include paid employees, subcontractors, volunteers, or interns