

RYAN WHITE CASE MANAGEMENT EXPECTATIONS OF CARE

1) As a Client, you can expect:

- a) Prompt, individualized, quality services by your case management team to improve your health outcomes
- b) Meet with you at least once every 6 months
- c) Advocacy and assistance in navigating health care services
- d) Referrals to appropriate community resources
- e) Reply to calls within two business days
- f) A professional relationship
- g) Guidance to obtaining self-sufficiency (*i.e.*, graduation)
- h) Notification of any changes that may affect your care or enrollment
- i) Confidentiality, with exception of mandated reporting requirements* **Client Initials:** _____
- j) To be informed of your rights and responsibilities* **Client Initials:** _____
- k) To be informed of the agency's grievance procedure* **Client Initials:** _____

2) We cannot commit to:

- a) Pay for services obtained from a non-Ryan White approved provider
- b) Pay for services that are obtained through inpatient, urgent care, emergency department and ambulance transport
- c) Provide transportation outside of our agency's policy* **Client Initials:** _____
- d) Provide advice outside of the scope of our practice (*e.g.*, legal, medical diagnosis)

3) The Client agrees to:

- a) Provide required information (*e.g.*, insurance, income, proof of Ohio residency and HIV Diagnosis)
- b) Keep appointments
- c) Keep us updated on your change of phone number or address
- d) Keep us updated on income or benefits changes
- e) Keep us updated on changes to your health status
- f) Provide advanced notice of your needs when possible to help us serve you better

**When indicated, the client should initial the statement as confirmation of having received the corresponding documentation.*

Primary contact for all services:

Case Manager Name: _____

Phone Number: _____

E-mail Address: _____

Case Manager:

Client:

Printed Name

Printed Name

Signature / Date

Signature / Date