

Client Agreement Statement

In order for you to receive assistance with the cost of medications through the Massachusetts Pre-Exposure Drug Assistance Program (PrEPDAP), you need to agree to the following rules. PrEP DAP shall keep all your information strictly confidential to the extent permitted by law. However, if you do not follow these rules, if you give us false information, or if we suspect you are using funds from the PrEP DAP program to which you are not entitled, PrEPDAP staff may provide information to government agencies and you may be disenrolled from PrEPDAP.

By signing the Certification Statement on the PrEPDAP application:

1. **You give your permission for PrEPDAP staff to contact all of the following:**

- Your pharmacist
- Your PrEP Navigator/client advocate
- Your current or past health care provider(s)
- Pharmaceutical prescription assistance program(s)
- Any other person that you have specifically given us permission to contact.

If needed, PrEPDAP may contact these people to maintain your participation in the program. PrEPDAP staff may also contact any insurance companies (third party payers/administrators) to make sure you are covered and to answer any billing questions.

In addition, any of these individuals may contact PrEPDAP as necessary in order to coordinate or review your enrollment in the PrEPDAP program. These individuals may contact PrEPDAP multiple times, and PrEPDAP staff may contact them several times on your behalf in helping you access services provided by PrEPDAP.

PrEPDAP staff may also contact any of the people in the above list when you leave the program, if necessary. This is done to get information about your participation in the program.

2. **You give your permission for your PrEPDAP enrollment application files to be reviewed by all of the following:**

- PrEPDAP staff
- Your PrEP Navigator and/or health care provider
- Auditors or other individuals reviewing application files as required for program or fiscal monitoring.

Information in your PrEPDAP enrollment application files will be kept strictly confidential. Under no circumstances will any personal identifying information in your PrEPDAP file be shared with any unauthorized individual.

3. **You give your permission for PrEPDAP to share some of your personal information with state and/or federal agencies that are responsible for monitoring program utilization and expenditures.** Information about you that may be shared includes, but is not limited to your:

- Name
- Social Security Number (if available)
- Date of birth
- Health insurance information
- Prescription information

Any information about you that is shared with a government agency will be protected by the strict terms of a data-sharing agreement and will not be disclosed to any unauthorized individuals. All information will be used solely for program monitoring and will be kept strictly confidential by the agency receiving it.

4. **You agree to notify PrEPDAP as soon as possible if any of this information changes. You need to report any other information that might change your eligibility for these programs. This includes, but is not limited to, changes in your:**
 - Employment status
 - Income
 - Address
 - Access to insurance coverage/MassHealth status
 - Insurance premium
 - Citizenship status
 - Pharmacy
 - Employer-sponsored insurance
5. Your application may be rejected if you have provided false information.
6. **PrEPDAP is unable to provide payments or reimbursement directly to clients for any reason.**
7. As long as you remain eligible and actively enrolled in the PrEPDAP program and follow the PrEPDAP rules, PrEPDAP will continue to pay for your applicable medication costs. However, **you must agree to contact your health insurance carrier about your policy and its coverage. It is your sole responsibility to do so, not the responsibility of PrEPDAP staff.** PrEPDAP staff will not contact your insurance company, nor will PrEPDAP staff be notified by your insurance company of any policy changes. PrEPDAP only pays for the cost of your medications not covered by your health insurance or prescription assistance programs in which you are enrolled; the PrEPDAP program is not authorized to do anything but assist with the costs of your PrEP medication.
8. PrEPDAP may require you to re-pay any payments made if you were not eligible for them. You may also be required to pay back PrEPDAP if you were misusing services. This includes, but is not limited to, payments made to pharmacies for your prescriptions when you fail to disclose insurance coverage or any costs refunded directly to you in certain circumstances. Failure to comply with this rule may result in disenrollment from the program.
9. PrEPDAP is not required to make retroactive payments for medications before you were enrolled in the program or if your PrEPDAP enrollment lapses.
10. It is your responsibility to re-apply (“recertify”) with PrEPDAP every 12 months, regardless of whether or not you have received recertification reminders from PrEPDAP or your PrEP Navigator. **If you do not recertify, your PrEPDAP benefits will be terminated, and your PrEPDAP prescription coverage will end.**