

# PrEP Navigation Services

## Promoting and Improving PrEP Adherence among Your Patients

Although PrEP is highly effective at preventing HIV infection and resources exist for most to attain it, the attrition of patients is very high due to a complicated and confusing process for accessing and staying on PrEP (insurance, etc.). PrEP Navigators can help your patients with confusing applications and processes related to accessing and staying on PrEP. Contact a PrEP Navigator below for assistance.

<b>Lifelong</b> <i>(For King County Providers &amp; Patients)</i>	<b>Pierce County AIDS Foundation (PCAF)</b> <i>(For Pierce County Providers &amp; Patients)</i>
Phone: (206) 957-1610	Phone: (253) 693-0225
Fax: (206) 257-3300	Fax: (253) 597-6682

### PrEP Navigation Overview:

- PrEP Navigators are located within the community, at PrEP Navigation agencies across the state.
- PrEP Navigators can help with financial assistance applications, enrollment into the PrEP Drug Assistance Program (PrEP DAP), Gilead Advancing Access, Apple Health/Medicaid, and other health insurance plans.
- Navigators will have on-going interaction and continued engagement with patients, ensuring they receive regular HIV testing, medical care, and adhere to PrEP medication.
- PrEP Navigators provide the following:
  - Linkage to health insurance and/or other financial resources, including application assistance and monitoring.
  - Navigating and overcoming complicated financial and insurance barriers.
  - Medically appropriate PrEP education.
  - Sexual Risk Assessment.
  - Linkage to appropriate PrEP medical care and support services.
  - Sexual health risk reduction counseling.
  - Ongoing adherence counseling as needed by the patient.
  - Bilingual Spanish navigation and support.



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To request this document in another format, call  
1-800-525-0127. Deaf or hard of hearing customers, please call  
711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).

# FAX COMPLETED FORM TO PrEP NAVIGATION AGENCY BELOW

## PrEP Navigation Referral Form

### REFERRING PROVIDER/AGENCY INFORMATION

Provider/Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_

Provider/Agency Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

PrEP DAP Contracted Provider/Agency? Yes: \_\_\_\_ No: \_\_\_\_

### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex (At Birth): \_\_\_\_\_ Current Gender Identity: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Ok to leave Text? Yes: \_\_\_\_ No: \_\_\_\_ Ok to leave Message? Yes: \_\_\_\_ No: \_\_\_\_

HIV Test Date: \_\_\_\_\_ Confirm Neg?

### NAVIGATION NEEDS

Medical Insurance <input type="checkbox"/>	Gilead Advancing Access <input type="checkbox"/>	PrEP DAP <input type="checkbox"/>	Adherence Counseling <input type="checkbox"/>
Medicaid/Apple Health <input type="checkbox"/>	Co-pay Assistance <input type="checkbox"/>	Other: <input type="checkbox"/>	Appointment reminders <input type="checkbox"/>

### AUTHORIZATION TO OBTAIN/RELEASE INFORMATION

The undersigned authorizes the provider/agency or their staff to exchange information (written and/or verbal) to the indicated PrEP Navigator Organization, the Washington State Department of Health, Gilead Advancing Access, and Public Health Seattle King County Public Health Staff for the purpose of ongoing coordination of care. Treatment/services are not dependent upon signing of this form. The patient retains the right to revoke this authorization at anytime by contacting the Program (Contact Information Below). If Public Health has acted on this authorization before receipt of your revocation, we cannot be held liable.

**The patient may receive a copy of this signed form upon request.**

**LIFELONG** (Fax: 206-257-3300)

**PCAF** (Fax: 253-597-6682)

Patient Signature/Date: \_\_\_\_\_ Witness Signature/Date: \_\_\_\_\_

Patient Representative Signature/Date: \_\_\_\_\_ Relationship \_\_\_\_\_

If releasing information including HIV/AIDS and STD Test Results, Diagnosis and Treatment; patient must also initial below to indicate information to be released.

<input type="checkbox"/>	HIV/AIDS and STD Test Results, Diagnosis and Treatment
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***This Authorization Must Be Updated Annually***