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HIV Medication Adherence Aids

Instructions:

- **Complete one request per client.**
- **Do NOT enter this adherence aid in CAREWare. However, you should enter your time associated with facilitating the receipt of this item.**
- **Must be submitted & authorized by the Medical HIV Case Manager. It is expected that the Medical HIV Case Manager will assist the client in using aids as a part of the client's individualized treatment adherence plan.**

1. Date of Request: _____
2. Client URN # (unique record number from CAREWare client record): _____
3. Requested For (please refer to attached descriptions regarding aid choices):

<input type="checkbox"/>	Apex Weekly Pill Organizer, Twice a day	http://www.amazon.com/Apex-Weekly-Organizer-Twice--Colors/dp/B000EGKTEW/ref=sr_1_1?s=hpc&ie=UTF8&qid=1307376932&sr=1-1
<input type="checkbox"/>	Ezy Dose 7 Day AM/PM Travel Pill Container	http://www.amazon.com/Ezy-Dose-Travel-Pill-Container/dp/B001THDDFC/ref=sr_1_5?ie=UTF8&s=hpc&qid=1307382510&sr=1-5
<input type="checkbox"/>	Large Locking 7 Day Pill Reminder	http://www.amazon.com/Large-Locking-Pill-Reminder-Size/dp/B008018A12/ref=sr_1_20?s=hpc&ie=UTF8&qid=1415236008&sr=1-20
<input type="checkbox"/>	Apex Medi Tray 7 Day Planner	http://www.amazon.com/Apex-Medi-Tray-Day-Planner/dp/B002FJGT3G/ref=pd_rhf_p_t_1
<input type="checkbox"/>	Apex Medi Tray 4 Times Per Day, 7 Days Per Week	http://www.amazon.com/Apex-Medi-Tray-Times-Days/dp/B000KI5QVU/ref=pd_sim_hpc_2
<input type="checkbox"/>	The 7 Pack 2 Compartment Deep Green Tray Pill Box	http://www.amazon.com/Pill-Organizer-Compartments-Color-Green/dp/B00PISPKDQ/ref=sr_1_fkmr1_2?ie=UTF8&qid=1424380968&sr=8-2-fkmr1&keywords=The+7+Pack+2+Compartment+Deep+Green+Tray+Pill+Box
<input type="checkbox"/>	7 Day 4 Compartment Pill Organizer DEEP One Inch	http://www.amazon.com/Compartment-Pill-Organizer-DEEP-Inch/dp/B000E13BVA/ref=sr_1_fkmr0_1?ie=UTF8&qid=1424381000&sr=8-1-fkmr0&keywords=The+7+Pack+4+Compartment+Deep+Yellow+Tray+Pill+Box
<input type="checkbox"/>	AM/PM Single Day Pill Organizer	http://www.amazon.com/AM-Single-Day-Pill-Organizer/dp/B00959PSL8/ref=sr_1_10?ie=UTF8&qid=1424381203&sr=8-10&keywords=Apothecary+Daily+AM%2FPM+Pill+Reminder
<input type="checkbox"/>	Complete Compliance Kit	http://www.epill.com/ca.html
<input type="checkbox"/>	7 Day Weekly Large Organizer and Reminder	http://www.epill.com/7day.html
<input type="checkbox"/>	Weekly Pillbox with 4 Daily Alarms e-pill Turtle Pill Box	http://www.epill.com/turtle.html
<input type="checkbox"/>	4 Alarm Vibrating Pocket Pill Box	http://www.epill.com/pocketalarm.html

<input type="checkbox"/>	Cadex Medication Reminder 12 Alarm Watch and Medical ID	http://www.epill.com/cadexb.html
<input type="checkbox"/>	Pendant Conversion Kit for Alarm Watch	http://www.epill.com/pendant.html
<input type="checkbox"/>	MedCenter Alarm Clock	http://www.amazon.com/Medcenter-Talking-Alarm-Medication-Reminder/dp/B000VUM79G/ref=pd_sim_hpc_5
<input type="checkbox"/>	Multi-Alarm Pocket Easy to Set Pill Timer 37 Alarms	http://www.epill.com/multialarm.html
<input type="checkbox"/>	Med Center Monthly Pill Organizer – 4 daily Alarms	http://www.amazon.com/Medcenter-Talking-Reminder-Organizer-Pictured/dp/B000UA92YU/ref=pd_sim_hpc_4
<input type="checkbox"/>	Pill Dispenser with Clock & Talking Reminder	http://www.epill.com/weeklymed.html
<input type="checkbox"/>	Pill Splitter/Crusher	http://www.amazon.com/Apothecary-Splitter-crusher-Storage-Compartment/dp/B0073VPFFE/ref=sr_1_5?s=hpc&ie=UTF8&qid=1424386671&sr=1-5&keywords=cutter+crusher
	Oregon Reminders - Electronic Daily Reminder Service	<p>Receiving an electronic reminder is a simple and friendly way to gently remind your client to take the right medication at the right time. e.g.) "Take your 5 blue, 1 white tablet now." (to be delivered every day at 11:00 AM)</p> <p>Oregon Reminders is a free, private service offering text, email or voice reminders to take medications and refill prescriptions.</p> <p><u>How it works:</u></p> <ol style="list-style-type: none"> 1) Go to www.OregonReminders.org 2) Set daily reminders to take medications and monthly reminders to refill prescriptions. 3) Choose when you want to receive reminder messages. 4) Choose the default message or write your own message. 5) Choose delivery by text, email, or voice (phone call). <p>Oregon Reminders is HIPAA compliant. Staff is encouraged to become familiar with www.OregonReminders.org and help clients with the enrollment process.</p>

4. Please describe how this request will assist your client in managing their HIV Medications:

5. I have reviewed and updated the client's adherence assessment. Based on this assessment, I have determined that this individual would benefit from the requested adherence aid and I will work with the client to assure proper use of the aid.

Medical HIV Case Manager Name: _____

Signature: _____

Date: _____

FAX THIS REQUEST 971-673-0177, Attention: Gayle