

**AUTHORIZATION
FOR RELEASE OF CONFIDENTIAL
HIV* RELATED INFORMATION**

PATIENT'S LAST NAME		FIRST	M.I.
IDENTIFICATION NO.		CASE NO.	
FACILITY		UNIT	

INSTRUCTIONS: Prepare one (1) copy for the Patient's Case Record.

Confidential HIV Related Information is any information indicating that a person had an HIV test, or has HIV infection, HIV related illness or AIDS, or any information which could indicate that a person has been potentially exposed to HIV.

Under New York State Law, except for certain people, confidential HIV related information can only be given to persons you allow to have it by signing a release. You can ask for a list of the people who can be given confidential HIV related information without a release form.**

If you sign this form, HIV related information can be given to the people listed on the form, and for the reason(s) listed on the form. You do not have to sign the form, and you can change your mind at any time.

If you experience discrimination because of the release of HIV related information, you may contact the New York State Division of Human Rights at (212) 961-8624 or the New York City Commission of Human Rights at (212) 566-5493. These agencies are responsible for protecting your rights.

NAME AND ADDRESS OF PERSON WHO WILL BE RELEASING HIV RELATED INFORMATION		NAME AND ADDRESS OF PERSON WHO WILL BE GIVEN HIV RELATED INFORMATION	
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REASON FOR RELEASE OF HIV RELATED INFORMATION			

EXTENT OR NATURE OF INFORMATION TO BE RELEASED			

PERIOD OF TIME DURING WHICH RELEASE IS AUTHORIZED			
FROM:	TO:		

My questions about the form have been answered. I know that I do not have to allow release of HIV related information, and that I can change my mind at any time and withdraw my consent, except to the extent that action has already been taken in reliance upon it.

(Signature of Patient)

(Signature of Parent/Guardian, when required)

(Print Name of Patient)

(Print Name of Parent/Guardian)

(Date)

(Date)

* **Human Immunodeficiency Virus that causes AIDS.**

** **Federal Regulations Regarding Alcohol and Drug Abuse Patient Records (42 CFR Part 2) may require your consent or a Court Order even though State law does not.**