

**CONSENT TO DISCLOSE COMMUNICABLE
DISEASES**

**NOTE: THIS IS NOT THE APPROPRIATE CONSENT
FOR HIV-RELATED INFORMATION**

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

INSTRUCTIONS: **GIVE A COPY OF THE FORM TO THE PATIENT!** Prepare one (1) copy for the Patient's Case Record

I have been advised that communicable diseases must be reported to the New York State Department of Health (NYSDOH) and/or local health department within 24 hours of diagnosis, as defined by the New York State Sanitary Code (10 NYCRR 2.10). I have also been advised that in the event it is determined that I have a communicable disease, the treatment facility may not report this to the Department of Health and/or local health department without my written consent.

Therefore, in order to permit the treatment facility to comply with communicable disease reporting requirements, I hereby consent to allow the above named treatment facility to provide the NYSDOH and/or local health department with information concerning my having contracted a communicable disease, in the event that I am diagnosed as having such a disease.

The extent of the disclosure which may be made shall be limited to: my name, my address, my diagnosis, the identity of persons who I may have exposed to the disease, the source of my disease (if known) and (Specify) any treatment given, and any relevant information for ongoing medical care.

I understand that I may withdraw this consent at any time except to the extent that action has been taken in reliance upon it, and that the information provided by this consent to the NYSDOH and/or local health department cannot be redisclosed without my additional written authorization. I also understand that this consent will expire six (6) months from my date of discharge from the above named treatment facility. I also understand that any disclosure is bound by Title 42 of the Code of Federal Regulations governing the confidentiality of alcohol and drug abuse patient records, as well as the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") 45 C.F.R. Pts. 160 & 164; and that redisclosure of this information to a party other than the one designated above is forbidden without additional written authorization on my part.

Signature of Patient

Date

NOTE: Any information released through this form will be accompanied by the form prohibition on Redisclosure of Information Concerning Alcoholism/Drug Abuse Patient (TRS -1)

NEW YORK STATE DEPARTMENT OF HEALTH Communicable Disease Reporting Requirements

Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10NYCRR 2.10,2.14). The primary responsibility for reporting rests with the physician; moreover, laboratories (PHL 2102), school nurses (10NYCRR 2.12), day care center directors, nursing homes/hospitals (10NYCRR 405.3d) and state institutions (10NYCRR 2.10a) or other locations providing health services (10NYCRR 2.12) are also required to report the diseases listed below.

- | | | | | |
|---|--|--|--|--|
| Anaplasmosis | Cryptosporidiosis | Pregnant hepatitis B carrier | ☞ Monkeypox | ☞ Staphylococcal enterotoxin B poisoning ² |
| Amebiasis | Cyclosporiasis | Herpes infection, infants aged 60 days or younger | Mumps | Streptococcal infection (invasive disease) ⁵ |
| ☞ Animal bites for which rabies prophylaxis is given ¹ | ☞ Diphtheria | Hospital associated infections (as defined in section 2.2 10NYCRR) | ☞ Plague ² | Group A beta-hemolytic strep |
| ☞ Anthrax ² | ☞ Encephalitis | Influenza, laboratory-confirmed | ☞ Poliomyelitis | Group B strep |
| ☞ Arboviral infection ³ | ☞ Foodborne Illness | Legionellosis | ☞ Psittacosis | Streptococcus pneumoniae |
| Babesiosis | Giardiasis | Listeriosis | ☞ Q Fever ² | ☞ Syphilis, specify stage ⁷ |
| ☞ Botulism ² | ☞ Glanders ² | Lyme disease | ☞ Rabies ¹ | Tetanus |
| ☞ Brucellosis ² | Gonococcal infection | Lymphogranuloma venereum | ☞ Rocky Mountain spotted fever (including congenital rubella syndrome) | Toxic shock syndrome |
| Campylobacteriosis | Haemophilus influenzae ⁵ (invasive disease) | Malaria | ☞ Rubella | Transmissible spongiform encephalopathies ⁸ (TSE) |
| Chancroid | ☞ Hantavirus disease | ☞ Measles | Salmonellosis | Trichinosis |
| Chlamydia trachomatis infection | Hemolytic uremic syndrome | ☞ Melioidosis ² | Shigatoxin-producing E.coli ⁴ (STEC) | ☞ Tuberculosis current disease (specify site) |
| ☞ Cholera | Hepatitis A | Meningitis | Shigellosis ⁴ | ☞ Tularemia ² |
| ☞ Coronavirus (severe or novel) 2019 Novel Coronavirus (COVID-19) | ☞ Hepatitis A in a food handler | Aseptic or viral | Staphylococcus aureus ⁶ (due to strains showing reduced susceptibility or resistance to vancomycin) | ☞ Typhoid |
| Severe Acute Respiratory Syndrome (SARS) | Hepatitis B (specify acute or chronic) | ☞ Haemophilus | | ☞ Vaccinia disease ⁹ |
| Middle East Respiratory Syndrome (SARS) | Hepatitis C (specify acute or chronic) | ☞ Meningococcal | | Vibriosis ⁶ |
| | | Other (specify type) | | ☞ Viral hemorrhagic fever ² |
| | | ☞ Meningococemia | | Yersiniosis |

NEW YORK STATE
OFFICE OF ADDICTION SERVICES AND SUPPORTS

WHO SHOULD REPORT?

Physicians, nurses, laboratory directors, infection control practitioners, health care facilities, state institutions, schools.

WHERE SHOULD REPORT BE MADE?

Report to local health department where patient resides.

Contact Person _____

Name _____

Address _____

Phone _____ Fax _____

WHEN SHOULD REPORT BE MADE?

Within 24 hours of diagnosis:

- Phone diseases in bold type,
- Mail case report, DOH-389, for all other diseases.
- In New York City use form PD-16.

SPECIAL NOTES

- Diseases listed in **bold type** warrant prompt action and should be reported **immediately** to local health departments by phone followed by submission of the confidential case report form (DOH-389). In NYC use case report form PD-16.
- In addition to the diseases listed above, any unusual disease (defined as a newly apparent or emerging disease or syndrome that could possibly be caused by a transmissible infectious agent or microbial toxin) is reportable.
- Outbreaks: while individual cases of some diseases (e.g., streptococcal sore throat, head lice, impetigo, scabies and pneumonia) are not reportable, a cluster or outbreak of cases of any communicable disease is a reportable event.
- **Cases of HIV infection, HIV-related illness and AIDS are reportable on form DOH-4189 which may be obtained by contacting:**
Division of Epidemiology, Evaluation and Research
P.O. Box 2073, ESP Station
Albany, NY 12220-2073
(518) 474-4284
In NYC: New York City Department of Health and Mental Hygiene
For HIV/AIDS reporting, call:
(212) 442-3388

1. Local health department must be notified prior to initiating rabies prophylaxis.
2. Diseases that are possible indicators of bioterrorism.
3. Including, but not limited to, infections caused by eastern equine encephalitis virus, western equine encephalitis virus, West Nile virus, St. Louis encephalitis virus, La Crosse virus, Powassan virus, Jamestown Canyon virus, dengue and yellow fever.
4. Positive shigatoxin test results should be reported as presumptive evidence of disease.
5. Only report cases with positive cultures from blood, CSF, joint, peritoneal or pleural fluid. Do not report cases with positive cultures from skin, saliva, sputum or throat.
6. Proposed addition to list.
7. Any non-treponemal test $\geq 1:16$ or any positive prenatal or delivery test regardless of titer or any primary or secondary stage disease, should be reported by phone; all others may be reported by mail.
8. Including Creutzfeldt-Jakob disease. Cases should be reported directly to the New York State Department of Health Alzheimer's Disease and Other Dementias Registry at (518) 473-7817 upon suspicion of disease. In NYC, cases should also be reported to the NYCDOHMH.
9. Persons with vaccinia infection due to contact transmission and persons with the following complications from vaccination; eczema vaccinatum, erythema multiforme major or Stevens-Johnson syndrome, fetal vaccinia, generalized vaccinia, inadvertent inoculation, ocular vaccinia, post-vaccinal encephalitis or encephalomyelitis, progressive vaccinia, pyogenic infection of the infection site, and any other serious adverse events.

ADDITIONAL INFORMATION

For more information on disease reporting, call your local health department or the New York State Department of Health Bureau of Communicable Disease Control at (518) 473-4439 or (866) 881-2809 after hours. In New York City, 1 (866) NYC-DOH1. To obtain reporting forms (DOH-389), call (518) 474-0548.