

State of New York
OFFICE OF ADDICTION SERVICES AND SUPPORTS

NOTE: This form must be attached to all disclosures/releases of information regarding persons with substance use disorder.

**PROHIBITION ON REDISCLOSURE OF INFORMATION REGARDING
PERSONS WITH SUBSTANCE USE DISORDER**

(To accompany disclosure of information made with consent for persons with
substance use disorder)

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2 and HIPAA). The federal rules prohibit you from making further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2 and/or HIPAA. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any person with substance use disorder.