

**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL H.I.V. RELATED
INFORMATION**

Confidential HIV (human immunodeficiency virus) related information is any information indicating that a person has an HIV- related test or has an HIV infection, HIV-related illness, or AIDS (acquired immunodeficiency syndrome), or any information which could indicate that a person has been potentially exposed to AIDS.

Under New York State Law, except for certain persons, 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 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 persons 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 release of HIV-related information, you may contact the New York State Division of Human Rights at (212) 870-8624.

Name of person whose HIV-related information will be released:

Name & address of person signing this form (if other than above):

Relationship to person whose HIV-related information will be released:

Name & address of person who will be given HIV-related information:

Reason for release of HIV-related information:

Time during which release is authorized:

From: _____ To: _____

My questions about this 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.

Signature

Date