

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

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

Under New York State law, confidential HIV related information can only be given to people you allow to have it by signing a written release, or to people who need to know your HIV status in order to provide medical care and services, including: medical care providers; persons involved with foster care or adoption; parents and guardians who consent to care of minors; jail, prison, probation and parole employees; emergency response workers and other workers in hospitals; other regulated settings or medical offices who are exposed to blood/body fluids in the course of their employment; and organizations that review the services you receive. State law also allows your HIV information to be released under limited circumstances: by special court order; to public health officials as required by law; and to insurers as necessary to pay for care and treatment. Under state law, anyone who illegally discloses HIV related information may be punished with a fine of up to \$5,000 and a jail term of up to one year.

However, some re-disclosures of such information are not protected under federal law. For more information about HIV confidentiality, call the

New York State Department of Health HIV Confidentiality Hotline at 1-800-962-5065.

If you sign this form, HIV related information can be given to the people listed on the form 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 by indicating your change in writing. Upon your request, the facility or provider asking for this release must provide you with a copy of this form as signed by you or left unsigned.

The law protects you from HIV related discrimination in housing, employment, health care and other services. For more information, call the New York State Division of Human Rights, Office of AIDS Discrimination Issues, at (800) 523-2437 or (212) 480-2493, or the New York City Commission on Human Rights at (212) 306-5070. These agencies are responsible for protecting your rights.

After completing this form, please mail it to HIP Health Plan of New York, Compliance Department, 13th Floor, 55 Water Street, New York, NY 10041-8190. It may also be faxed to 1-646-447-3217.

■ Name and address of facility/provider obtaining release:

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

■ Name(s) and address(es) of person(s) signing this form (if other than above):

■ Relationship to person whose HIV information will be released:

■ Name(s) and address(es) of person(s) who will be given HIV related information:

■ Reason for release of HIV related information:

■ Time during which release is authorized: From: _____ To: _____

The facility/provider obtaining this release must complete the following:

Exceptions, if any, to the right to revoke consent for disclosure (for example, cannot revoke if disclosure has already been made):

Description of the consequences, if any, of failing to consent to disclosure upon treatment, payment, enrollment or eligibility for benefits:

(Note: federal privacy regulations may restrict some consequences)

My questions about this form have been answered. I know that I do not have to allow release of HIV related information, and know that I can change my mind at any time and revoke my authorization by writing to the facility/provider obtaining this release.

Signature

Date

*HIP includes Health Insurance Plan of Greater New York and any of its affiliated entities.

**HIV (Human immunodeficiency virus) is the virus that causes AIDS.