

Patient Name	Date of Birth	Social Security Number
Patient Address		

1. This authorization may include disclosure of information relating to **ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, **GENETIC TESTING**, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initial on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the bow in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, genetic-related information, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be condition upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. This authorization does not authorize **you** to discuss **my** health information or medical care with **anyone** other than **specified in item 9(b).**

* **Human Immunodeficiency Virus that causes AIDS.** The New York State Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.