

# Authorization for the Release of Health Information and Confidential HIV-Related Information: DOH-2557 (2/11)

## GENERAL QUESTIONS

### Why was the release form revised?

This revised form has been streamlined. It may be used for disclosures to single parties as well as to multiple parties. It may be used to allow multiple parties to exchange information between and among themselves or to disclose information to each listed party separately. Form #DOH-2557 (2/11) replaces all previous versions of release forms. This and other forms can be downloaded from the DOH web site: [health.ny.gov/diseases/aids/forms/](http://health.ny.gov/diseases/aids/forms/).

### Can providers continue to use old release forms?

Release forms completed before June 2011 may be used until the specified end date. All new authorizations must be made using Form #DOH-2557 (2/11).

### How and when should this form be used?

Form #DOH-2557 permits individuals to use a single form for the release of general health and/or HIV-related information to single or multiple providers. Providers do not need an HIV release to receive information, only to disclose it.

### Should clients have to sign more than one release form if they are seeing more than one provider?

Yes, in some situations. It may not always be possible or practical to list all providers on a single form. As additional providers become involved in a client's care over time, new forms will be needed to include them. Some providers may only have limited participation in a client's care and may not need to case conference with others, so a release form could be completed solely for their involvement.

### Can photocopies/faxes of release forms be accepted?

Yes, unless there is some reason to suspect that the copy or fax of a release is false or inaccurate, a provider, acting in good faith, may release HIV information based upon a photocopy or a fax of an executed release.

### How should this form be printed?

It is suggested that when possible the form should be printed "2-sided" (i.e. front & back). If extra pages (3, 4, 5) are used to include additional providers, they should also be printed "2-sided" and stapled together to prevent separation.

### How does one ensure the client understands the form?

If a provider suspects a client has a low literacy level and/or does not understand the language used on the form, it should be reviewed with the client and/or translated. Providers should explain the purpose of the form and ask if the client has any questions. Additionally, a Spanish version of this form is available at: [www.health.state.ny.us/diseases/aids/forms/](http://www.health.state.ny.us/diseases/aids/forms/).

### Can information released using this form be re-disclosed?

No. State law prohibits re-disclosure without specific written consent. Unauthorized re-disclosure may result in a fine, jail sentence or both. HIV-related information provided pursuant to a release must be accompanied by the appropriate re-disclosure language from Public Health Law *Article 27-F-§2782 6.(a)* citing limitations and penalties. The recipient of HIV-related information becomes bound by and is required to comply with confidentiality requirements of Article 27-F in handling or re-disclosing that information to anyone else.

Sample re-disclosure language could include:

*"This information has been disclosed to you from confidential records which are protected by State law. State law prohibits you from making any further disclosure of the information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any unauthorized further disclosure in violation of State law may result in a fine or jail sentence or both. A general authorization for the release of medical or other information is NOT sufficient for further disclosure."*

## COMPLETING THE FORM - Page 1:

Allows the client to specify the following:

### *I consent to disclosure of:*

- a. My HIV-related information,*
- b. My non-HIV medical information*
- c. Both (non-HIV medical and HIV-related medical information)*

There may be circumstances in which an individual or provider only wants to release non-HIV medical information (choice “b” above). Rather than using this HIV-specific form, another approved HIPAA-compliant general medical release form may be used.

### **Name and address of facility/person disclosing HIV-related information:**

This refers to the facility/person that is going to be releasing information about the client, which is likely to be the facility/person completing the form. It is best practice to name a specific individual or position within the facility.

### **Name of person whose information will be released:**

This is usually the client, but may be a collateral (partner or other family member) or child, depending on the circumstances.

### **Name and address of person signing this form, if other than above; Relationship to person whose information will be released:**

When a client is unable to complete the form, this section should include a legal guardian, parent, health care proxy or other caregiver designated to provide consent on the client's behalf in accordance with State Law.

### **Describe information to be released:**

The description should be as specific as possible. For example, case managers may wish to release assessments, treatment plans, progress notes and other related information.

### **Reason for release of information:**

The reason should be as specific as possible. For example, case managers may need to release information for coordination of case management services.

### **Time period during which release of information is authorized:**

Time frames should be specific and limited, and must be included for the form to be considered complete and valid. Best practice is to use a one-year expiration from the date the form is created and signed by the client (e.g. 10/15/10 – 10/15/11), but could also include a specified period or condition for non-repeating tasks or time-limited situations (e.g. “Until my son/daughter reaches the age of...” or “Until housing benefits are attained”).

### **Exceptions to the right to revoke consent, if any:**

This explains a client's right to revoke authorization. If no other exceptions to the right to revoke consent exist, “None” or “No Exceptions” could be written here.

### **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):**

This section is intended to provide notice to the individual that refusal to sign the authorization may have an impact upon the provision of care. This is important when failure to release information limits access to services, payment, eligibility for housing or other entitlements, enrollment in clinical trials or research protocols, etc.

Examples of responses could include: “No consequences,” “Not applicable,” “Information is required to access housing benefits,” “Information is required for the coordination of care and services,” or “Information is required to participate in clinical trials and access free medications.”

### **Please sign below only if you wish to authorize all facilities/persons listed on pages 1,2 (and 3 if used) of this form to share information among and between themselves for the purpose of providing health care and services:**

If communication among providers is intended, the client must sign and date this section. This allows for case conferencing between multiple providers.

**COMPLETING THE FORM – Page 2 (3, 4, 5):**

Allows the client to specify the individual(s) or organization(s) to whom the information is being released.

**Name and address of facility/person to be given general health and/or HIV-related information:**

The form can be used to list as many providers as the client wishes, attaching additional pages (3, 4, 5) as necessary. Best practice is to name a specific individual or position within the facility, rather than granting the entire facility full access to a client's personal information. Unused sections should be 'X'ed out.

Additional providers should never be included after the release form has been signed and dated by the client. New forms should be created and reviewed with the client when additional providers are identified.

**Reason for release, if other than stated on Page 1:**

This section should only be completed if different from the reason stated on Page 1.

**If information to be disclosed to this facility/person is limited, please specify:**

This may only pertain in instances regarding time frames, such as a single event with no future communication planned.

**Signature and Date:**

This form is incomplete until the client has signed and dated it here, authorizing that he or she has reviewed and understood the form. If additional pages (3, 4, 5) are used, the client must sign and date the bottom of each page. The date should be consistent on all pages. Once it has been signed and dated, the form should not be changed in any way.

**Client/Patient Number:**

This field may be used for reference, to attach an ID number used in a particular setting.