



Technical Assistance Bulletin:

Authorization for Release of Health Information (Including Alcohol/Drug Treatment and Mental Health Information) and Confidential HIV/AIDS-related Information (DOH-5032)

General Questions

Why was a “combined” release form created?

The “Authorization for Release of Health Information (Including Alcohol/Drug Treatment and Mental Health Information) and Confidential HIV/AIDS-related Information” (DOH-5032) was created to facilitate sharing of substance use, mental health and HIV/AIDS information. This form is somewhat like the “Authorization for Release of Medical Information and Confidential HIV Related Information” (DOH-2557), but would fulfill a need to share information within facilities in which different teams handle substance use, mental health and HIV/AIDS-related issues. In addition, the DOH-5032 form would fulfill a need to share information between facilities and providers that care for the same patient. Like the DOH-2557 form, the DOH-5032 form is intended to encourage multiple providers to discuss a single individual’s care among and between themselves to facilitate coordinated and comprehensive treatment.

Does the new form replace other release forms?

No. Although the new form may be used in place of DOH-2557, it is not intended to replace any forms currently available.

How does the provider ensure that the patient understands the form?

If a provider suspects that a patient has a low literacy level and/or does not understand the language used on the form, it should be reviewed with the patient and/or translated. Providers should explain the purpose of the form and ask if the patient has any questions. Additionally, a Spanish version of this form is available (DOH-5032es).

Can information released using this form be re-disclosed?

When records are disclosed, the person or entity receiving the information cannot re-disclose it unless permitted under the law that applies to those records. In some cases, a specific re-disclosure prohibition notice must be included whenever records are disclosed.

For alcohol and substance abuse re-disclosure, as per 42 CFR Section 2.32, each disclosure made with the patient’s written consent must be accompanied by the following written

statement: *This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any 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. 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 alcohol or drug abuse patient.*

For confidential HIV-related information re-disclosure, as per Public Health Law Section 2782(5), each disclosure made pursuant to a release of confidential HIV-related information must be accompanied by the following written statement: *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 this 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 authorization for further disclosure.*

Completing the Form

Patient Name, Date of Birth, Patient Identification Number and Patient Address:

This refers to the patient's name, date of birth and current place of residence. The patient identification number is used for reference by the provider or facility.

#5. Name and Address of Provider or Entity to Release this Information:

This refers to the provider or entity that will release the information regarding the patient, which is likely to be the provider completing the form. It is best practice to name a specific individual and their facility address.

#6. Name and Address of Person(s) to Whom this Information Will Be Disclosed:

This refers to the name of the provider(s) who the patient or authorized representative wishes to receive the information. It is best practice to name specific individual(s) rather than granting access to the entire facility. If there are multiple names and addresses, a sheet may be attached with the names and addresses of those providers. Additional individuals should never be included after the release form has been signed and dated by the patient or authorized representative. As additional providers are identified, additional forms should be completed and signed by the patient or authorized representative.

#7. Purpose for Release of Information:

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

#8. Unless previously revoked by me, the specific information below may be disclosed from (insert start date) until (insert expiration date or event):

This refers to the time period during which the release of information is authorized. Time frames should be specific to the month, day and year, 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 patient or authorized representative (e.g., 10/15/11 until

10/15/12), but could also include a specified event for its expiration (e.g., “until my son/daughter reaches the age of...” or “until housing benefits are attained”).

If there are exceptions to releasing “all health information (written and oral)”, the first box under #8 should be checked and the exceptions should be specified. If there are no exceptions, this box should be checked and “not applicable” or “none” should be written.

For the following to be included, indicate the specific information to be disclosed and initial below:

The authorization may include disclosure of information relating to alcohol and drug treatment, mental health treatment and confidential HIV/AIDS-related information only if the patient or authorized representative specifies the information to be disclosed and places their initials on the appropriate line for “records from alcohol/drug treatment programs”, “clinical records from mental health programs” and/or “HIV/AIDS-related information”. Information from mental health clinical records may be released pursuant to the authorization to the person(s) identified on the form who have a demonstrable need for the information, provided that the disclosure will not reasonably be expected to be detrimental to the patient or another person.

#9. If not the patient, name of person signing form:

This refers to the name of the patient’s authorized representative, which must be specified if the form is not signed by the patient.

#10. Authority to sign on behalf of patient:

This refers to the patient representative’s authority to sign the form (e.g., legal guardian, parent, health care agent under a health care proxy for a patient who lacks decision-making capacity or caregiver designated to provide consent on the patient’s behalf in accordance with New York State law).

Signature of Patient or Representative Authorized by Law and Date:

This form is incomplete until the patient or the patient’s representative authorized by law has signed and dated the form, authorizing that he or she has reviewed the form and understands it. Once the form has been signed and dated, the form must not be changed in any way.

Witness Statement/Signature:

This form is also incomplete until the provider or other staff person from the facility has signed and dated the form, acknowledging that he or she has witnessed the execution of the authorization and states that a copy of the signed authorization was provided to the patient and/or the patient’s authorized representative.