



--a division of Allied Pediatrics
of New York, PLLC

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

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

Under New York State Law, except for certain people, 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 people 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 or the New York City Commission of Human Rights at (212) 566-5493. These agencies are responsible for protecting your rights.

Name of person whose HIV related information will be released:	_____
Name and address of person signing this form (if other than above):	_____
Relationship to person whose HIV information will be released:	_____
Name and 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.

Date

Signature

*New York State approved form 2557
February 1989*

*Human Immunodeficiency Virus that causes AIDS.