JDR

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AUTHORIZATION FOR DISCLOSURE OF HIV TEST RESULTS

As required by the Health Information Portability and Accountability Act of 1996 (HIPAA) and California law, this practice may not use or disclose your individually identifiable health information except as provided in our Notice of Privacy Practices without your authorization. Your completion of this form means that you are giving permission for the uses and disclosure described below. Please review and complete this form carefully. It may be invalid if not fully completed.

I hereby authorize Dr. Jeffrey D. Ries to use and disclose the records containing HIV results of:

Name: ______________________________________

Address: ____
as follows:
This health information may be disclosed to:

Name: ______________________________________

Address: ____
The information may be used only for the following purposes* (if you do not want to explain the purpose, write "at the request of the individual"):
____

____

I understand that I may revoke this authorization at any time notifying Dr. Ries in writing. My revocation will not affect actions taken by Dr. Ries prior to its receipt.
I understand that although federal law does not protect health information which is disclosed to someone other than another health care provider, health plan or health care clearinghouse, under California law all recipients of health care information are prohibited from re-disclosing it except as specifically required or permitted by law.
Effect of Refusal to Sign Authorization: I understand that my health care treatment or benefits will not be affected whether I sign or do not sign this form. This authorization is effective now and will remain in effect until___________.

I understand that I have the right to receive a copy of this authorization.

Signed:____ Dated:__________________

Print Name:_____________________________________
If not signed by the patient, please indicate relationship:
[ ] parent or guardian of minor patient under 12 years.
[ ] guardian or conservator of an incompetent patient.

*A separate authorization is required for each release of HIV test results.