



### **Instruction for Completing HIV/AIDS Release Form**

This form is to be used for Obtaining or Releasing Consumer information on HIV/AIDS. Under New York State Law HIV related information can only be Obtained or Released with a signed written release.

Please complete all sections of the Authorization to Obtain or Release Health Information related to HIV/AIDS.

To obtain information:

- Enter the name of the person and/or facility who will send the records in the box, Name and address of person releasing HIV/Aids Information.
- Enter the name of the ACCES staff person to who will receive the information in the box, Name and address of person to whom HIV/Aids information will be disclosed:

To release information:

- Enter the name of the ACCES Staff person who will send the records in the box, Name and address of person releasing HIV/Aids Information.
- Enter the name of the person and/or facility to whom the information will be sent to in the box, Name and address of person to whom HIV/Aids information will be disclosed.
- Enter a brief description of the reason for the release of information.
- Enter the dates for the time period being covered under this form.

**The consumer or their legally authorized representative must sign and date the form.**

**ACCES-VR Staff are to witness all signed forms by the consumer or their legally authorized representative.**