

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

Client Name:

PACTS No.

Docket No.

Confidential HIV Related Information is any information indicating that a person had an HIV 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 California 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 the 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 the release of HIV related information, you may contact the California Department of Health Services Office of AIDS at 916/449-5900 or the AIDS Legal Referral Panel at 415/701-1100. These agencies can help to protect your rights.

**INSTRUCTIONS:** Prepare one (1) copy for the client named above.

NAME AND ADDRESSES OF PERSON WHO WILL BE RELEASING HIV RELATED INFORMATION

NAME AND ADDRESS OF PERSON WHO WILL BE GIVEN HIV RELATED INFORMATION

REASON FOR RELEASE OF HIV RELATED INFORMATION

Client Initials: \_\_\_\_\_

EXTENT OR NATURE OF INFORMATION TO BE RELEASED

Client Initials: \_\_\_\_\_

PERIOD OF TIME DURING WHICH RELEASE IS AUTHORIZED -

FROM:

TO:

My questions about the 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 and withdraw my consent, except to the extent that action has already been taken in reliance upon it.

\_\_\_\_\_  
(Authorizing Signature - Full Name)

\_\_\_\_\_  
(Full Name - Printed or Typed)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
WITNESS-(Probation Officer Signature)

\_\_\_\_\_  
(Probation Officer - Printed or Typed)

\_\_\_\_\_  
(Date)

\* Human Immune deficiency Virus that causes AIDS.

\*\*Federal Regulations Regarding Alcohol and Drug Abuse Patient Records (42 CFR Part 2) may require your consent or a Court Order even though State law does not.