AIDS Connecticut
110 Bartholomew Ave, Ste 3050, Hartford CT 06106 • T 860-247-AIDS • F 860-951-4779 • aids-ct.org

Service Provider Network

AUTHORIZATION TO RELEASE/OBTAIN INFORMATION

This is to certify that I hereby give my consent to, and authorize:

_____ _____
Agency Staff

to release/obtain a copy of the following information in their possession, including oral disclosure, consisting of but not limited to the following:

(INSTRUCTIONS: Client must initial to signify approval, or write "NO" to signify disapproval. All blanks must be filled in or marked "N/A," not-applicable)

_____Medical records, including HIV related information
_____Psychiatric, psychological, psychotherapy or other counseling records
_____Alcohol and/or drug treatment related information
_____Public assistance
_____Financial
_____Employment
_____CAREWare Data Sharing
_____Academic
_____Other: Permission to forward Emergency Contact information with EIS referral

OF: _____ Date of Birth:_____
Client name

TO: ACT EIS Program/EIS Staff
Agency/Staff
110 Bartholomew Ave, Hartford, CT 06106
Address

In addition, I have been given the opportunity to review an attached list of the provider network of member agencies and also authorize release of information, including oral disclosure between agencies, of the above-cited information to access services within the provider network, as follows:
(Initial to signify approval, or write "NO" to signify disapproval)
_____This agency only
_____Entire network of service providers (**not valid without attached list of service providers**)
_____Other agencies, as noted: _____

All records are confidential. I understand that I may revoke this consent at any time by notifying the above authorized person in writing, except to the extent that information has already been shared. If not revoked by me, I understand that this release is valid for 12 months (365 days) from the date it was signed.

_____ _____
Signature of client or legal representative Date

_____ _____
Witness Date

PROHIBITION ON REDISCLOSURE: This information is disclosed to you from records whose confidentiality is protected by Federal and State law. Regulations prohibit making any further disclosure of this information without the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information is NOT sufficient for this purpose.