

Ryan White Release of Information

AUTHORIZATION TO RELEASE INFORMATION

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

(name of agency)

(medical case manager/counselor)

to release 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
- _____ Other

OF: _____ Date of Birth: _____
(client name)

TO: _____
(name of agency/emergency contact) (provider name)

(address of agency)

In addition, I have been given the opportunity to review an attached list of the provider network 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 pursuant to Connecticut General Statutes §§ 19a-583. I understand that the records to be released may contain confidential HIV/AIDS related information. I understand that I may revoke this authorization for release 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 this release is valid for **eighteen** months from the date it was signed. By signing this form, I further acknowledge that if I fail to show for scheduled medical appointments, I may be contacted by an authorized representative of the above-referenced agency in order to re-engage and link me back to care. This release shall be considered invalid without an attached a dated copy of network providers.

(Signature of client or legal representative)

(Date signed)

PROHIBITION OF REDISCLOSURE: This information is disclosed to you from records of persons whose confidentiality is protected by Federal and State law. State law and regulations prohibit you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law. A general authorization for the release of medical or other information is NOT sufficient for this purpose. Please honor a mechanical reproduced copy of this release.
Revised 1/15; 2/6/19

Ryan White Provider Network

| | Client Initials | Client ID# _____ | Client Initials |
|---|-----------------|---|-----------------|
| AIDS Connecticut 110 Bartholomew Ave Hartford, CT 06106 | | Hartford Hospital/ Brownstone Clinic 80 Seymour Street Hartford, CT 06102 | |
| Hartford Gay & Lesbian Health Collective P.O. Box 2094 Hartford, CT 06145 | | Health Collective East 64 Church Street Manchester CT 06040 | |
| St Francis Hospital/Burgdorf Clinic 131 Coventry Street, Hartford, CT 06112 | | Human Resources Agency of New Britain, Inc. 83 Whiting Street, New Britain, CT 06051 | |
| CT AIDS Drug Assistance Program (CADAP) 410 Capitol Ave, Mail stop MS11APV, Hartford, CT 06106 | | Hispanic Health Council 175 Main Street Hartford, CT 06106 | |
| Community Health Services, Inc. (CHS) 500 Albany Avenue Hartford, CT 06112 | | Latino Community Services 184 Wethersfield Avenue Hartford, CT 06114 | |
| Community Health Center, Inc. (CHC) 33 Ferry Street Middletown CT 06457 | | Mercy Housing & Shelter 211 Wethersfield Avenue Hartford, CT 06114 | |
| Community Renewal Team (CRT) 555 Windsor Avenue Hartford, CT 06120 | | Prospect Rockville Hospital 31 Union Street Rockville CT 06066 | |
| University of CT Medical Health Center 263 Farmington Ave. Hartford, Ct 06106 | | THOCC-New Britain Campus 100 Grand Street New Britain, CT 06050 | |
| CT Children's Specialty Group 282 Washington Street Hartford CT 06106 | | Charter Oak Health Center 21 Grand St Hartford, CT 06106 | |

Client Signature: _____

Date: _____

Witness: _____

Date: _____