

**HIV/AIDS Housing Authorization for Release of Information**

I, \_\_\_\_\_, date of birth \_\_\_\_\_, authorize the HIV/AIDS Housing Agencies listed to obtain and disclose confidential information about me as described below.

**Greater Hartford HIV/AIDS Housing Agencies:**

- AIDS Connecticut
- Chrysalis Center, Inc./St. Philip's House
- City of Hartford
- Community Health Resources
- CT Department of Housing
- Hands On Hartford/Zeppo House
- Human Resources Agency of New Britain
- Journey Home
- Mercy Housing and Shelter Corporation

The nature and extent of confidential information to be used or disclosed:

[Initial each line for information you wish to disclose]

- \_\_\_\_\_ All medical information including diagnoses, test results, and treatments
- \_\_\_\_\_ Mental Health/Psychiatric, including progress notes
- \_\_\_\_\_ HIV/AIDS status
- \_\_\_\_\_ Criminal Record
- \_\_\_\_\_ Educational Records
- \_\_\_\_\_ Housing Status
- \_\_\_\_\_ Alcohol and/or Drug Abuse
- \_\_\_\_\_ Other:

**Limitations on disclosure:**

I understand that the purpose of this Authorization is for the HIV/AIDS Housing Agencies listed above to be able to share information to coordinate services for me, to receive referrals between agencies providing various services, and to discuss my case at HIV/AIDS Housing Agency meetings in order to help me obtain housing and services. I also understand that all of the information checked above may be discussed by any employee or member of any of the agencies listed.

This Authorization will be valid for a period of two years from the date I sign it. I understand that I may revoke this Authorization at any time by notifying Journey Home in writing, and Journey Home will disseminate my revocation to the HIV/AIDS Housing Agencies. However, if I revoke this Authorization, it will not have any effect on actions already taken by the HIV/AIDS Housing Agencies before Journey Home received the revocation. I agree that a photocopy of this Authorization will be as valid as the original.

I understand that the information disclosed under this Authorization may be subject to further disclosure by HIV/AIDS Housing Agencies in order to obtain housing and/or services for me and thus, may no longer be protected by federal privacy regulations. I understand that my treatment or continued treatment with any health care provider or my enrollment or eligibility for benefits with any health plan may not be conditioned upon whether or not I sign this Authorization, and that I do not have to sign it.

I understand that any HIV-related information, psychiatric information, or drug and alcohol abuse information released to the HIV/AIDS Housing Agencies listed above will be subject to the following additional restrictions:

**HIV-Related Information:**

In the event that information released to the HIV/AIDS Housing Agencies constitutes confidential HIV-related information protected under Connecticut law:

This information has been disclosed to the HIV/AIDS Housing Agencies from records whose confidentiality is protected by state law. State law prohibits the HIV/AIDS Housing Agencies 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.

**Psychiatric Information:**

In the event that information released to the HIV/AIDS Housing Agencies constitutes confidential psychiatric information protected under Connecticut law:

This information has been disclosed to the HIV/AIDS Housing Agencies from records whose confidentiality is protected by state law. State law prohibits the HIV/AIDS Housing Agencies from making further disclosure of this information or from using it for any purpose other than that indicated above without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law.

**Drug and Alcohol Abuse Information:**

In the event that information released to HIV/AIDS Housing Agencies is protected by the HHS Confidentiality of Alcohol and Drug Abuse Patient Records regulations:

This information has been disclosed to the HIV/AIDS Housing Agencies from records protected by Federal confidentiality rules (42 C.F.R. Part 2). The federal rules prohibit the HIV/AIDS Housing Agencies from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date \_\_\_\_\_

Representative Signature \_\_\_\_\_

Date \_\_\_\_\_