

## **Authorization for Release of Health Information and Confidential STD/ HIV Related Information**

This form authorizes release of health information including HIV-related information. Your information may be protected from disclosure by federal privacy law and state law. Confidential STD/ HIV related information is any information indicating that a person has had an STD/ HIV related test, has an STD/ HIV infection, STD/ HIV related illness or AIDS, or any information that could indicate a person has been potentially exposed to an STD/ HIV.

**Please list any STD/ HIV related testing, infection, related illness, or exposure including, but not limited to Hepatitis A, B, C, Oral/ Genital Herpes, Syphilis, Gonorrhea, and Chlamydia.**

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**I certify that all of the information above is true and accurate.**

**Print** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_