

written notification to the Practitioner at the address above. I understand that a revocation is not effective to the extent that the Practitioner has relied on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

7. I understand that information disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by HIPAA or any other federal or state law, provided however, that Confidential HIV Related Information and Alcohol/Substance Abuse Treatment Information may be not re-disclosed without my authorization unless permission to re-disclose such information is granted by federal or state law.
8. The Practitioner will not condition my treatment on whether I provide an authorization for disclosure except if health care services are provided to me solely for the purpose of creating protected health information for disclosure to a third party.

Signature of Patient, or Parent of Minor Patient, or Date
Personal Representative of Patient

Print Name of Patient, Parent of Minor Patient
Or Personal Representative of Patient (if a
Personal Representative, also state relationship
to patient)

1. HIPAA defines psychotherapy notes as “Notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual’s medical record.” Psychotherapy notes do not include information contained elsewhere in the medical record or information regarding: medication prescription and monitoring; counseling session start and stop times; modalities and frequencies of treatment furnished; results of clinical tests; and any summary of the following items: diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date.
2. HIV is the Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person’s contacts, including HIV test results. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights. Although I am authorizing this release of HIV-related to the recipient, the recipient is prohibited from re-disclosing such information without my authorization unless specifically permitted to do so under federal or state law.
3. Although I am authorizing this release of Alcohol/Substance Abuse treatment information to the recipient, the

recipient is prohibited from re-disclosing such information without my authorization unless specifically permitted to do so under federal or state law.