PLANNED PARENTHOOD OF NORTHEAST AND MID-PENN

MEDICAL RECORDS RELEASE

(AUTHORIZATION FOR RELEASE OF POSSIBLE HIV-RELATED INFORMATION)

PPNMP charts routinely contain information regarding sexually transmitted disease, sexual and drug use history. This information might indicate the patient's risk or contracting HIV. (HIV, or Human Immunodeficiency Virus, is the virus, which may cause or indicates AIDS or HIV infection.) Other HIV-related information included whether the patient has had a test for HIV, an HIV related illness or AIDS. Any or all this information may be contained in PPNMP charts, and such is protected under PA Act 148. This Records Release is in compliance with the Act.

I authorize ____________________________________ to release possibly HIV-related Medical Records, which may include STD and/or HIV related information from my medical records.

(Name, Institution, or Person)

Patient's Name | Patient # | Birthdate | S.S. #

☐ Specify how much and what kind of information is to be released ____

☐ Medical records from my visits during the period from ___________________ to ____________________

This information is to be released to: ____

(Doctor, Clinic, hospital)

Address | City, State, Zip | Phone, FAX

The above information is to be released for the following purpose(s) only: ____

This authorization must be signed and dated. I may revoke this consent at any time except to the extent information has already been released in reliance on this form. This consent will expire on: ____

I have read and fully understand the above statement as they apply to me. I consent to the release of records for the purpose stated above. I agree not to sue or hold Planned Parenthood of Northeast and Mid-Penn, its employees, or agents responsible for any problems caused by the release of this information.

Date | Patient's Signature

Witness

Patient is unable to sign for the following reason: ____

Date | Signature of Authorized Representative

Witness | Relationship to Patient

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This information has been disclosed to you from records protected by Pennsylvania law. Pennsylvania law prohibits you from making any further disclosure of this information unless further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or is authorized by the Confidentiality of HIV-related Information Act. A general authorization for the release of medical or other information is not sufficient for this purpose.