
1. Information relating to ALCOHOL/DRUG TREATMENT , MENTAL HEALTH TREATMENT, GENETIC TESTING , and/or CONFIDENTIAL HIV*- RELATED INFORMATION will not be shared unless I specifically give permission. By placing my initials below, I specifically authorize the release of such information to the person(s) indicated on this form.

	Alcohol or Drug Treatment Information (records from alcohol/drug treatment programs)
	Mental Health Treatment Information (except psychotherapy notes which require a separate form)
	Genetic Testing Information
	HIV/AIDS-Related Information (release of this information must include the required statements regarding the prohibition of redisclosure when required by law)

2. Except for the special types of information listed above, information that is shared because of this authorization may be shared again by the recipient and no longer protected by federal or state law unless permitted by federal or state law. If I am giving permission to share HIV-related information, the recipient cannot share this information without my permission. I can ask for 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 on Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I can revoke this authorization by writing to the provider/entity to whom I submitted the form at the address listed on the instruction page. This revocation will be effective except to the extent NYU Langone has already relied upon this authorization.
4. Signing this authorization is voluntary. NYU Langone may not condition treatment, payment, enrollment in health plans, or eligibility for benefits on my signing or refusal to sign this authorization, except in limited circumstances.
5. If I am requesting radiology films, I understand that these are my original films and there are no film (analog) copies kept by NYU Langone. I am releasing NYU Langone from all responsibility for the maintenance of my imaging records.

Name and Address of the Provider/Entity from which you are requesting records (see instruction page 2)
