

• If Behavioral Health, Substance Abuse or HIV information required to be released, language that pertains to the State Regulations is required to be part of the authorization, such as:

[I understand that if my authorization includes behavioral health, substance abuse or HIV information, it may include; (i) information concerning whether an individual has been the subject of an human immunodeficiency virus (HIV) – related test, has HIV, an HIV related illness, acquired immunodeficiency syndrome (AIDS), and/or including information pertaining to the individual's contact (Section 7100.133); (ii) substance abuse information in my health record may include whether or not I am receiving treatment, my prognosis, a brief description of my progress, and/or a short statement as to whether I have relapsed into substance abuse and the frequency of such relapse (Pennsylvania Drug and Alcohol Abuse Control Act of 1972 – act 148 section 7(e); (iii) behavioral health information services. (Mental Health Procedures Act of 1976 – section 5100.3-39).

Signature

Title

Date

Signature

Title

Date

HIPAA PP Valid Authorization Content