



Illinois 24/7 Perinatal HIV Hotline

CONSENT FOR FOLLOW-UP AND RELEASE OF INFORMATION

I, _____ (name of client) hereby authorize the following organizations and individuals to disclose health information as described below to the Illinois 24/7 Perinatal HIV Hotline (Hotline) for the purpose of coordinating follow-up treatment and care for myself and my baby: _____ (referring institution), Northwestern Memorial Hospital (NMH), the physicians at NMH and Lurie Children’s Hospital of Chicago who may consult with the Hotline staff, Mother and Child Alliance (MACA), and _____ (place to which I am referred).

The protected health information which may be shared with and by the Hotline as described below may consist of laboratory reports, clinic/office records, other medical and social work reports, and my contact information. Unless noted below, I authorize the Hotline to disclose my and my baby’s HIV status, my mental health and substance use status and treatment, and the protected health information described above that the Hotline receives regarding me and my baby with the organizations and individuals listed above as necessary for the purpose of coordinating follow-up treatment and continuity of care.

I wish to limit disclosure to and by the Hotline to the following health information: _____

I specifically authorize the Hotline to disclose my health information to any other healthcare institution within the Illinois Perinatal System where I seek pregnancy-related care. I also authorize the Hotline to provide identifying information (name, date of birth, physical description) to any other healthcare institution within the Illinois Perinatal System where I may seek pregnancy-related or emergency room care in an attempt to reconnect me with the services of the Hotline if I should fall out of care.

I understand that I have the right to inspect and copy the information to be disclosed. This authorization is valid for one (1) year from the date I sign it. I may revoke it earlier, but I understand that revoking it will not undo any information which has already been shared. I understand that I do not have to consent to this disclosure in order to receive services from my health care providers.

Client Signature _____ Date _____

Witness Signature _____ Date _____

Client Address _____ Client Date of Birth _____
 _____ Client Phone # _____

PLEASE FAX BACK TO 312-472-0978
 ATTN: HOTLINE ADMINISTRATOR



SIGNING A HOTLINE RELEASE OF INFORMATION FORM

Your nurse may ask you to sign a Release of Information form for the Hotline. Signing a Release of Information means that you will be able to meet with a case manager, someone specially trained to help you at this time. This case manager is a trustworthy person who can help you to understand your HIV test results and the next steps you need to take. You will learn important things you need to know during this time. The more you understand, the better you will be to make good choices about your health and the health of your baby. The case manager knows just how hard this can be. They have helped many people just like you become more comfortable during this time. Together you and the case manager will work as a team for the best outcome.

Your privacy and safety are very important to a case manager. It is only when you sign the Release of Information form that a case manager will contact you. A case manager, by law, cannot tell anyone about your medical care or tests. The case manager will be able to answer your questions and provide help with any or all of the following things:

- ❖ Education about HIV testing
- ❖ Understanding what a preliminary positive or confirmatory positive HIV test result means
- ❖ Helping you to better deal with a positive HIV test result
- ❖ Issues of privacy and choosing to share your HIV-positive status with others
- ❖ Dealing with a spouse, partner, family, friends and other children
- ❖ Developing a solid plan for medical care for you and your baby
- ❖ Breastfeeding interruption, issues or concerns
- ❖ Giving medication to your baby
- ❖ Help if you are experiencing any form of violence or abuse
- ❖ Substance/Alcohol use referrals
- ❖ Counseling referrals
- ❖ Housing/Food assistance