



**Authorization—Instructions for Use or Disclosure  
Hillsborough County  
Authorization for Use or Disclosure of Super-Confidential  
and Protected Health Information (PHI)**

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1. Please read the attached form carefully and complete each section.
2. Special kinds of health information have specific laws and rules that have to be followed before that information can be disclosed.

**HIV and Sexually Transmitted Diseases (STD):** All information about HIV and sexually transmitted diseases is protected under federal and state laws and cannot be disclosed without your written authorization unless otherwise provided in the regulations. To release HIV or STD information, this authorization must include a statement in the "Information You Want Disclosed" section of the specific HIV and STD information that you are giving permission to release. Re-disclosure of HIV information is not allowed, except in compliance with law or with your written permission.

**Alcohol and Drug Treatment:** Alcohol and/or drug treatment records are protected under federal and state laws and regulations and cannot be disclosed without your written authorization, unless otherwise provided for in federal and state laws or regulations. To release alcohol and drug treatment information, this authorization must include a statement in the "Information You Want Disclosed" section of the specific information that you are giving permission to release, such as "assessment, treatment plan, attendance, discharge plan." Re-disclosure of your alcohol and/or drug treatment records is not allowed, except in compliance with law or with your written permission.

**Mental Health Treatment:** Mental health treatment records are protected under federal and state laws and regulations and cannot be disclosed without your written authorization, unless otherwise allowed in federal and state laws or regulations. To release mental health information, this authorization must include a statement in the "Information You Want Disclosed" section of the specific information that you are giving permission to release, such as "assessment, treatment plan, attendance, discharge plan." Also, disclosure of your therapist's notes (psychotherapy notes) needs separate permission. (i.e., a separate authorization specifically authorizing the release of psychotherapy notes). Re-disclosure of your mental health treatment records is prohibited, except in compliance with law or with your written permission.

3. If the signer is a guardian, has a power of attorney or is an authorized representative, documentation of the representative's authority to act on the individual's behalf must be attached. If an agency has custody of a child and a representative signs the release, include a copy of the custody order.
4. You will be provided with a copy of this form.