

Iowa Department of Human Services

RECEIPT OF HIV-RELATED INFORMATION

Confidential HIV-Related information regarding:

Child _____ DOB _____

To be completed by the person receiving the information.

I understand that this information has been disclosed to me from records whose confidentiality is protected by State law. State law prohibits me from making any further disclosure of the information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. A general authorization for the release of medical or other information is not sufficient for this purpose. (Iowa Code 141.23)

Signature

Date

White: DHS File

Yellow: Recipient of Information