

In order to process an Authorization to permit disclosure of your electronic health information to your VA family caregiver through the Health Advocate System the Authorization must cover all types of health information, including information related to Human Immunodeficiency Virus (HIV), sickle cell anemia, drug abuse or alcohol abuse and alcoholism. VA is unable to remove HIV, sickle cell anemia drug abuse, alcoholism and alcohol abuse information from your electronic health record prior to it being shared with your VA family caregiver.

All boxes for the four protected conditions, drug abuse, alcoholism or alcohol abuse testing for or infection with HIV virus, and sickle cell anemia under the VETERANS'S REQUEST section have been checked for you. **If you do not want to authorize the sharing of drug abuse, alcoholism or alcohol abuse testing for or infection with HIV virus, and sickle cell anemia, you should not complete this Authorization.**

Even if you do not have any condition or information in your health record related to the drug abuse, alcoholism or alcohol abuse, HIV or sickle cell anemia at this time this Authorization must include permission to disclose this type of information. This means that if you acquire any of these conditions in the future, this authorization will allow VA to share that information. Your Authorization will be valid until you revoke and it will permit the disclosure of existing health information and health information created after you electronically sign this Authorization. This includes diagnosis of HIV or sickle cell anemia, and treatment for drug abuse and alcoholism or alcohol abuse that occurs after the signature of this Authorization.

By completing this Authorization you are authorizing VA to share your electronic health information with your VA family caregiver through the Health Advocate System. VA will continue to share your electronic health information through the Health Advocate System until you revoke it.

Under the Health Insurance Portability and Accountability Act, (HIPAA) VA is required to give you a copy of your Authorization. Please use the Print button to print yourself a copy.

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