



NYC Department of Homeless Services
M E M O R A N D U M

Linda Gibbs
Commissioner

Clarke Bruno
General Counsel

TO: ADULT PROGRAMS:
Deputy Commissioner Mark Hurwitz
Assistant Commissioners Freeman, Brown, & Nashak
Program Administrators
Program Analysts
Shelter Directors for Adult Shelters

FROM: Clarke Bruno
Monica Parikh

RE: *Request for Client Files in Adult Shelters*

DATE: February 4, 2005

Federal and state law and regulations protect the confidentiality of DHS client files. As a result, please be reminded you must follow the procedure outlined below prior to responding to any request for client files.

◦ RELEASE TO AUTHORIZED REPRESENTATIVE(S). A client may authorize any person to act as her/his representative. Prior to any transfer of this client's files to the representative, the client must execute the attached release. This release is a client's attestation that the case file should be transferred to the specified individual authorized to represent her/him. DHS staff is responsible for checking that the client's signature on the authorization matches the client's signature in the case file. Neither DHS nor the client's shelter should transfer any case file until the client executes a signed release.

◦ RELEASE TO CLIENT. If a client wishes to access her/his records, s/he must submit a signed written request to the Director of Social Services in the shelter in which s/he resides. If a client is not able to draft a written request, her/his caseworker must place this request in writing and direct the client to sign and date it. A client must present proof of her/his identity (i.e., a shelter identification card) when requesting a release of the records.

When a client requests her/his case file, the Shelter Director (or her/his designee) should remove any material from the files which should not be available to the client. This includes:

- (a) information relating to foster care, adoption or child abuse and neglect maintained for the purposes of Child Care Review Services (i.e. documentation pertaining to child abuse investigations conducted by the Administration of Children's Services);
- (b) materials maintained for the purposes of criminal prosecution (i.e., documentation pertaining to police investigations in response to allegations that a client is selling illegal substances within the shelter);
- (c) files of the county attorney or welfare attorney (i.e., documentation pertaining to allegations of welfare fraud); and
- (d) HIV-related information pertaining to individuals other than the client (i.e., information that suggests that the client may have contracted HIV from her/his spouse).

If you have questions or concerns regarding any of the foregoing information, please contact Monica Parikh at 212-361-7984.

DEPARTMENT OF HOMELESS SERVICES
RECORD RELEASE AUTHORIZATION

Please Print

Date: _____

Client Name: _____

SSN: _____

Address: _____

Date of Birth: _____

I hereby authorize the Department of Homeless Services to release my records that the Agency maintains under my name to my representative from:

Legal Aid Society Coalition for the Homeless Other (specify) _____

I authorize the release of this information for the following purpose:

Please check all that apply:

I do not consent to the release of all medical and psychiatric information;

I do not consent to the release of HIV-related information;

I do not consent to the release of substance abuse information.

I do not consent to the release of information pertaining to my status as a victim of domestic violence.

- I understand that I have the right to all of the information contained within my records.
- I understand that I can refuse to sign this form.
- I understand that my records are protected by law.
- I understand that my records may contain medical information, including psychiatric information and/or alcohol/drug abuse.
- I understand that my records may contain HIV-related information, including any information indicating that I had an HIV-related test, or has HIV infection, HIV-related illness or AIDS, or information that I had been potentially exposed to HIV.
- I understand that my records may contain information pertaining to my status as a victim of domestic violence.
- I am aware that unless I indicate otherwise above, any HIV-related information and domestic violence-related information contained in my records can be given to the person listed on this form.
- I know that I can change my mind regarding this authorization at any time before the information is released.
- I authorize this release for a period of 180 days.
- A photocopy of this release may be sufficient.
- My signature reflects that I have read all of the above.

Client Signature

Date

Note to Recipient of Confidential Information: This information has been disclosed to you from confidential records which are protected by state law. State law prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any unauthorized further disclosure in violation of state law may result in a fine or jail sentence or both. A general authorization for the release of medical or other information is not sufficient for further disclosure. NY Public Health Law, Article 27-F-§27825(a).