



Protective Life and Annuity Insurance Company
Home Office: 2801 Highway 280 South, Birmingham, AL 35223
P.O. Box 2606, Birmingham, AL 35202-2606
Administrative Office: P.O. Box 830735, Birmingham, AL 35283
Telephone: 1-800-265-1545

HIV RELATED INFORMATION - NEW YORK

Who Can Receive HIV Related Information?

Under New York State Public Health Law, HIV related information is confidential and may only be given:

- a. To you (or a person authorized by law who consented to the test for you);
- b. To anyone whom you have specifically authorized to receive such information by signing a written release;
- c. To a health care facility (such as a hospital, blood bank, or clinical laboratory) or a health care provider (such as a physician, nurse, or mental health counselor) providing care to you or your child, and anyone working for such a facility or provider who reasonably needs the information to supervise, monitor or administer a health service;
- d. To a person who your doctor believes is at significant risk for HIV infection, if you do not notify that person after being counseled to do so;
- e. To a committee or organization responsible for reviewing or monitoring a health facility;
- f. To a federal, state, country, or local health officer when state or federal law requires disclosure;
- g. To a government agency, when the agency needs the information to supervise, monitor or administer a health or social service;
- h. To an authorized foster care or adoption agency;
- i. To insurance companies and other third party payors such as Medicaid, if necessary for the payment of services to you;
- j. To any person to whom a court orders disclosure under limited circumstances set forth by law. Except in an emergency situation, advance notice and an opportunity to oppose the release of such information would be given to you;
- k. To the Division of Parole, the Division of Probation, the Commission of Correction, or a medical director of a local correctional facility, as permitted by HIV confidentiality regulations of such organization;
- l. By a physician to the person who consents for your health care (parent, guardian, etc.) if disclosure is necessary to provide timely care for you, and you have been counseled regarding the need for disclosure. A physician may not disclose such information if it is against your best interest to do so.

You can ask your doctor if HIV related information about you has been released to anyone listed above.