

Federal and New Jersey

CONSENT ELEMENT ↓	TYPE 3		TYPE 2			TYPE 1
	42 CFR Part 2	HIV/AIDS (follows 42 CFR §2.31)	HIPAA	Community Mental Health Services Act (NJ)	WIC	Venereal Diseases (NJ) Tuberculosis (NJ) Genetic Information (NJ) Most Licensed Professionals (NJ)
Name of Person	Identify name of patient	Identify name of patient	Identify name of patient	Identify name of patient		<i>Can Follow HIPAA</i>
Description of the Information to be disclosed and/or used	Must state how much, what kind and explicit description of the Part 2 Info that may be disclosed/used	Must state how much, what kind and explicit description of the HIV/AIDS Info that may be disclosed/used	The information must be described in a “ specific and meaningful fashion”	<i>Silent. Can Follow HIPAA.</i>		<i>Can Follow HIPAA</i>
Purpose of the disclosure and/or use of the Info	Must describe each purpose . NOTE! Part 2 REQUIRES signed consent even for Treatment disclosures.	Must describe each purpose . NOTE! HIV/AIDS Law does NOT require signed consent for Treatment disclosures	Must describe each purpose	Describe the purpose and “predictable outcome”		<i>Can Follow HIPAA</i>
Person/Entity Disclosing	Specific Name OR general designation of entities or individuals	Specific Name OR general designation of entities or individuals	Identifies the specific person OR class of persons	Name or Title of the Person or Entity		<i>Can Follow HIPAA</i>
Person/Entity Receiving	(1) Name of Person (for all Non-Treatment Purposes) OR (2) Name of Entity BUT ONLY IF Patient has “ treating provider relationship ” with the entity OR (3) Name of Entity facilitating disclosures (i.e., HIE) AND (a) Names of Individuals with Tx relationship w/ Pt; or (b) Names of participants (i.e., entity or program) that have Tx relationship w/ Pt; or (c) General Designation of an individual, entity or class of participants (i.e., “ all my providers ”) with treating provider relationship with Pt BUT MUST be able to provide a List of Disclosures of the names of each and every Entity that accessed/received Part 2 Info.	(1) Name of Person (for all Non-Treatment Purposes) OR (2) Name of Entity BUT ONLY IF Patient has “ treating provider relationship ” with the entity OR (3) Name of Entity facilitating disclosures (i.e., HIE) AND (a) Names of Individuals with Tx relationship w/ Pt; or (b) Names of participants (i.e., entity or program) that have Tx relationship w/ Pt; or (c) General Designation of an individual, entity or class of participants (i.e., “ all my providers ”) with treating provider relationship with Pt BUT MUST be able to provide a List of Disclosures of names of each & every Entity that accessed/received HIV/AIDS Info.	Identifies the specific person OR class of persons	Name or Title of the Person or Organization		<i>Can Follow HIPAA</i>