DOM STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D. Commissioner

June 8, 2007

Subject: DOH Form # 3879 - Referral for Admission: AIDS Patients to NF(s)

Dear Administrator:

This is to inform you that DOH Form # 3879 – Referral for Admission: AIDS Patients to NF(s) has been discontinued and should no longer be used. The decision to discontinue this form is the result of an internal review. Considering the highly sensitive and confidential nature of the patient identification information that is requested on the form, coupled with the facts that the form was never mandated, and the information on the form was never utilized by DOH, there is no rationale from the Department's perspective to continue the form as an official DOH form.

Effective immediately, please ensure that this form is not used. If you have questions, please feel free to contact me at (518) 474-8162.

Sincerely,

Sherry Chorost Director, Chronic Care Section AIDS Institute