

**NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY  
SUPERVISION**

**Sample Letter for Family Reunion Program for Known Chronic Communicable  
Diseases**

Facility Letter Head (See Directive #0008,  
"Use of Department Stationery & Business Cards")  
Date

Name and Address of Spouse

Dear \_\_\_\_\_:  
Name of Spouse

Your spouse, \_\_\_\_\_, has recently applied for the privilege  
Name of Incarcerated Individual

of having a Family Reunion visit with you at this facility. The Family Reunion visit will allow you to spend several days with your spouse in privacy.

I believe it is important that I inform you that your (spouse) is a known carrier of the virus that causes the following disease(s):

\_\_\_ HIV/AIDS

\_\_\_ Chronic hepatitis B

\_\_\_ Chronic hepatitis C

Your spouse has given me permission to share this information with you.

These viral diseases can cause serious, even life-threatening illness, which can be spread by sexual activity, as well as through other means. The risk of transmitting any of these diseases can be minimized. We have supplied your spouse with condoms. Properly using a condom every time you have sex decreases the chance of transmission of each of these diseases.

**The statement below will be marked if your spouse has recently been, or is currently on treatment for hepatitis C.**

\_\_\_ Chronic hepatitis C, on treatment or treated within the last 6 months

**The information below is important *if* your spouse is being treated for hepatitis C.**

*Some medications used to treat chronic hepatitis C pose a serious risk to an unborn baby. The drugs can cause birth defects and miscarriages and steps need to be taken to prevent pregnancy. It is recommended that you use two effective forms of birth control while your partner is on treatment and for 6 months after the treatment stops: use of a condom with spermicide for the male partner, and a second form of birth control for the female. It is recommended that you consult with your Primary Care Provider or Family Planning Clinic in advance of your Family Reunion Visit to choose the method that best meets your needs.*

I have enclosed several educational brochures about communicable diseases. I urge you to take the time to read the information, and to call the toll free numbers provided on the back of the brochures if you need more information.

Sincerely,

Facility Health Services Director

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 release of medical or other information is NOT sufficient authorization for further disclosure.