Effective January 1, 2011, California Health and Safety Code states:

- State public health agency HIV surveillance staff, AIDS Drug Assistance Program (ADAP) staff, and care services staff may further disclose confidential HIV/AIDS public health records to local public health agency staff, who may further disclose the information to the HIV-positive person who is the subject of the record, or the health care provider who provides his or her HIV care, for the purpose of proactively offering and coordinating care and treatment services to him or her. (Health and Safety Code section 121025(c)(2)(A).)

- State ADAP staff and care services staff may further disclose confidential HIV/AIDS public health records to the HIV-positive person who is the subject of the record or the health care provider who provides his or her HIV care, for the purpose of proactively offering and coordinating care and treatment services to him or her. (Health and Safety Code section 121025(c)(2)(B).)

Prior to Assembly Bill (AB) 2541, California law allowed state and local health departments (LHDs) to share (re-disclose) HIV/AIDS-related public health records to other state and LHDs if it was for the purpose of disease control, investigation and disease. The law was unclear if the California Department of Public Health, Center for Infectious Diseases, Office of AIDS (OA) could share HIV/AIDS-related public health records with LHD case management staff for the purpose of HIV/AIDS care and treatment.

As of January 1, 2011, AB 2541 allows:

- OA to share HIV/AIDS-related public health records with LHD staff, who may then contact a HIV-positive person or that person’s HIV provider to offer HIV care, treatment, and/or case management services. This transfer of HIV/AIDS-related public health information from LHD staff to an HIV-positive person or that person’s HIV provider is considered a “re-disclosure.”

- OA to use HIV/AIDS-related public health records to directly contact (re-disclose to) an HIV-positive person or that person’s HIV provider to offer HIV care, treatment, and/or case management services.

OA goals are to:

- Reduce the number of new HIV infections.
- Increase access for persons living with HIV/AIDS to care, treatment, support, and prevention services.
- Reduce HIV-related health disparities.