



Your partner in the process

CONSENT AND AUTHORIZATION TO RELEASE INFORMATION

I, _____
(First, Middle, Last) (Date of Birth) (Social Security Number)

hereby consent and authorize the ND Professional Health Program, Inc. (NDPHP):

_____ to release my monitoring records to _____ to obtain my monitoring records from
_____ to release my evaluation/treatment records _____ to _____ to obtain evaluation/treatment records from
_____ to release a (frequency: _____) status report to _____ to obtain a status report from

Name of Organization/Treating Professional: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

My consent and authorization applies to the following specific information: (Place an "X" in the blank next to all that apply)

EVALUATION/TREATMENT RECORDS

- _____ Admission and/or Discharge Summary
- _____ Drug and/or Alcohol Treatment
- _____ Psychological and/or Psychiatric Care or Counseling
- _____ Psychological Evaluation & Testing
- _____ Psychosocial History
- _____ History & Physical with Lab Results
- _____ Drug Test Results
- _____ Consultation Reports

MONITORING RECORDS

- _____ Treating Physician Report
- _____ Treating Psychiatrist/Therapist Report
- _____ Worksite Monitor Report
- _____ Treating Addiction Counselor Report
- _____ 12 Step Meeting Logs
- _____ Caduceus Meeting Logs
- _____ Continuing Medical Education Reports
- _____ Random Drug Test Results

_____ Other (Specify): _____

Reason for Release of Information (Be Specific): To assist with the Monitoring Process _____

I understand that I may revoke this consent and authorization at any time in writing and in any event, it shall expire on the date of expiration of my contract with the NDPHP without my written revocation, unless sooner revoked, but not retroactive to the release of information made in good faith.

Signature: _____ Date: _____

Witness: _____ Date: _____

FOR RECORDS APPLICABLE UNDER FEDERAL LAW 42 CFR PART 2:

To the party receiving this information: This information has been disclosed to you from the records whose confidentiality is protected by federal law. Federal regulations (42CFR Part 2) prohibit 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 such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.