AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

PATIENT: _____
DATE OF BIRTH: _____

1. I hereby give my permission to the Professionals Resource Network (PRN) or its employees or agents to exchange information from my records with:

NAME: _____
ADDRESS: _____
CITY _____ **STATE** _____ **ZIP** _____ **PHONE** _____

2. For the specific purpose of: _____

3. The following information/records may be released: (I understand that this information may include medical information, psychiatric, psychological, drug and/or alcohol records, and HIV tests/results except as specified below). You must specify exactly what you are requesting. (Name, date) i.e.: Evaluation of John Doe by Joseph Smith MD in June of 2010.
   I. Letters
   II. Urine/Hair Testing Reports
   III. Evaluations
   IV. Board Orders
   V. Copy of Contract

X _____
_____

4. Manner of release (Check all that apply): **X** Fax **X** Written **X** Verbal

5. This consent is subject to revocation at any time except to the extent that the PRN or its employees or agents have already taken action in reliance on it. I understand that I am entitled to a copy of this consent. I hereby release PRN, its employees and agents from any liability which may arise as a result of the use of any information contained in the records released. **This authorization will expire** _____ **from the date signed.** I acknowledge that I have read this authorization, fully understand its contents, and have voluntarily signed it on this date. I may revoke this consent by mailing a written statement revoking this consent by certified mail to PRN at the PRN office. A COPY OF THIS RELEASE SHALL BE AS VALID AS THE ORIGINAL.

_____

SIGNATURE OF PATIENT **DATE** **SIGNATURE OF WITNESS** **DATE**

_____

SIGNATURE OF GUARDIAN OR REPRESENTATIVE (IF NEEDED) **DATE**

_____

RELATIONSHIP OF GUARDIAN OR REPRESENTATIVE (PARENT; GUARDIAN; PERSONAL REPRESENTATIVE; COURT APPOINTED REPRESENTATIVE)

PROHIBITION ON REDISCLOSURE: THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY LAW. ANY FURTHER DISCLOSURE IS STRICTLY PROHIBITED UNLESS THE PARTICIPANT PROVIDES SPECIFIC WRITTEN CONSENT FOR SUBSEQUENT DISCLOSURE OF THIS INFORMATION. THESE RECORDS MAY BE PROTECTED BY FEDERAL REGULATION (42 CFR, PART 2). FEDERAL RULES RESTRICT ANY USE OF THE INFORMATION TO CRIMINALLY INVESTIGATE OR PROSECUTE ALCOHOL/DRUG ABUSE PARTICIPANTS.