



CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

Name

Relationship

Date of Birth

Phone Number

Address

City/State/Zip

I, _____ do hereby authorize
(Participant's Name)

Kansas Medical Society – Professionals' Health Program to release or obtain information
(Program Name)
contained in my patient records to the individual(s) or organization(s) listed below:

1. Name of person(s) or organization(s) to whom disclosure is to be made:

Name of individual and Relationship

Organization

Address

City/State/Zip

Phone Number

Email Address

2. Specific type of information to be disclosed:

3. The purpose and need for such disclosure; as specific as possible:

I understand that my records (including any alcohol, drug abuse, or mental status information) are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (e.g. probation, parole, etc.) and that in any event this consent expires automatically as described below:

I understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance on it. Unless I revoke my consent earlier, this consent will expire automatically as follows:

Executed this _____ day of _____, 20 _____.

X _____
(Witness)

X _____
(Signature of participant)

Prohibition on redisclosure: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR part 2) prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information if held by another party is not sufficient for this purpose. Federal regulations state that any person who violates any provision of this law shall be fined not more than \$500, in the case of a first offense, and not more than \$5,000 in the case of each subsequent offense. Alcohol, Drug Abuse, and Mental Health Programs 42 USC § 290aa, et seq.