



42 CFR – Part 2 and CFR Parts 160 & 164
RECORDS RELEASE AUTHORIZATION PROFESSIONAL HEALTH MONITORING PROGRAM
(PHMP)

I, _____ hereby give my consent to the Pennsylvania Nurse Peer Assistance Program (PNAP) to disclose information from my PNAP record to:

Professional Health Monitoring Programs (PHMP)
PO BOX 10569 Harrisburg, PA 17105-0569, 800-554-3428

The information disclosed to PHMP will be used to communicate my involvement in PNAP limited to:

- My compliance with scheduling the required evaluation; evaluator information, date and time of evaluation.
- If appropriate, any treatment recommendations; my presence in treatment, to include: the estimated length of treatment, type of treatment services provided, attendance, and date and type of treatment termination.
- My prognosis, to include: diagnosis; provider's opinion on how treatment will or will not benefit the client; and provider's recommendations regarding the client's continuation with the treatment. Also, brief description of my treatment progress, to include: progress or lack of progress as it relates to recovery in general; cooperation or lack of cooperation with the treatment plan and the facility rules; and acceptance of condition.
- Nature of the PNAP project, to include: purpose and philosophy of the project; the program structure, methodology of treatment and treatment models utilized; services offered; recommendations for supportive services and support groups; and recommendations regarding return to nursing practice.
- Provide quarterly reports as required by my Board Order outlining my compliance or non-compliance with requirements. Short statement regarding non-compliance, to include: any relapses, frequency of relapses; positive drug tests; missed drug tests; and practice issues.

I understand that the information disclosed will be used for the sole purpose of verifying and monitoring my treatment, compliance with the terms and conditions of my Board Order and continued participation in the PHMP.

This consent is subject to revocation at any time except to the extent that the program which is to make the disclosure has already taken in reliance on it. To revoke, I must notify the PNAP Case Manager in writing; specifying the effective date of revocation. Without such notice of revocation, the consent shall automatically expire upon termination of my Board Consent Agreement or Order.

DATE SIGNED

PARTICIPANT SIGNATURE

DATE SIGNED

WITNESS SIGNATURE