



42 CFR – Part 2 and CFR Parts 160 & 164
RECORDS RELEASE AUTHORIZATION PROBATION OFFICER

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

(Probation Officer name, address, phone number)

for the sole purpose of verifying my participation in the PNAP program. The information will be limited
to:

- A summary of my communications with the PNAP program representative;
- The results of my required evaluations and recommendations;
- Verification of my participation in the PNAP program;
- Verification of my status in good standing;
- Notification of any practice limitations currently required;
- Information about the PNAP Nurse Peer Assistance Program, copy of my contract;
- Any contract violations, relapses or positive ROB results.

I understand that I have no obligations whatsoever to disclose any information from my PNAP
record and that I may revoke this consent at any time except to the extent that action has been
taken in reliance thereon, by notifying my PNAP Case Manager in writing; specifying the
effective date of revocation. Without such notice of revocation, this consent shall automatically
expire upon termination of my involvement in the PNAP program.

DATE SIGNED

PARTICIPANT SIGNATURE

DATE SIGNED

WITNESS SIGNATURE