



42 CFR – Part 2 and CFR Parts 160 & 164
RECORDS RELEASE AUTHORIZATION SIGNIFICANT OTHER/EMERGENCY
CONTACT

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

(Significant Other/Emergency Contact name, relationship, phone number)

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

- Information about the PNAP program;
- Verification of my participation in the PNAP program and/or the VRP;
- Results of my evaluation and treatment recommendations;
- Verification of my status in good standing;
- Notification of any practice limitations currently required;
- Any relapses or positive drug screens.

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