



CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_ hereby authorize Peer Assistance Services, Inc. to request/receive/release the following information, concerning me, from:

Colorado Nurse Health Program (CNHP) 303-716-0212
(Name of person or organization) (Phone)
44 Union Blvd., Suite 505 Lakewood CO 80228 303-716-0789
(Street Address) (City) (State) (Zip) (Fax)

The purpose of this disclosure is to allow Peer Assistance Services, Inc. to assess, monitor, assist and/or follow the progress of the client. Items and information to be released are:

- Treatment records
Testing results
Emergency-related information
Reports of compliant and/or non-compliant behavior
Assessment summary and/or recommendations
Screening tool information
Ability to practice with reasonable skill and safety
[X] Other Complete Record

(specific record or records)

The confidentiality of alcohol and drug abuse records maintained by Peer Assistance Services, Inc., is protected by Federal laws and regulations. Generally, we may not say to a person outside the program that a client involved with Peer Assistance Services, Inc., attends the program or disclose any information identifying a client as an alcohol or drug abusers—unless: 1) You consent to the disclosure of information in writing; 2) The disclosure is ordered by a court; or as otherwise mandated by State and/or Federal law; 3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

I understand that my records are protected under the Federal regulations governing confidentiality of alcohol and drug patient records, 42 CFR Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 45 CFR Parts 160 & 164, and any applicable State of Colorado 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, and that in any event this consent expires automatically as follows: two (2) years after I have no contact with Peer Assistance Services, Inc. (Federal Register, Volume 40, Number 127, Part 4, Chapter 1, Subpart C, Paragraph 2.31). Federal laws and regulations do not protect any information about a crime committed by a client either at Peer Assistance Services, Inc., or against any person who works for Peer Assistance Services, Inc., or about any threat to commit a crime. Federal laws and regulations do not protect any information about suspected child abuse, elder abuse, or neglect from being reported under State law to appropriate State or local authorities. (See 42USC 290dd-3 and 42USC 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 45 C.F.R. Pts. 160 & 164 and any applicable State of Colorado regulations.

If a licensee is in a Peer Health Assistance Diversion Program and has a signed Diversion Program contract, revocation of this consent may result in reporting to the respective Board of Regulatory Agency (i.e., Colorado Board of Nursing) for determination of noncompliance. A copy of this document will have the same force and effect as the original.

Client Signature

Date

Notice to Recipients(s) of Information: This information has been disclosed to you from records that are protected by federal law. Regulations prohibit your further disclosure without specific written consent from the person to whom it pertains.