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**CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

The Maryland Physician Health Program meets HIPAA compliance standards. Federal and state laws ensure the confidentiality of practitioners referred to the Program. Program records are non-discoverable and confidential to the extent covered by law. Exceptions to confidentiality include evidence of imminent harm to self or others through good-faith assessment by program staff, medical emergencies, court-ordered disclosures, and the State of Maryland mandated reporting requirements regarding child abuse and neglect.

I, \_\_\_\_\_

authorize an exchange of information and/or documentation between the *Physician Health Program* and

including the following specific information:      **ASSESSMENT**      **TREATMENT PLAN**      **MONITORING REPORT(S)**

ALCOHOL/DRUG SCREENS Other: \_\_\_\_\_  
for the purpose of COORDINATION of PROGRAM and PARTICIPANT ADVOCACY.

I have been informed of the type of information being released; the benefits and disadvantages (if any), and I understand that committee/program services are not contingent upon my decision concerning the signing of this release.

I understand that my records are protected as confidential under Federal Law and cannot be disclosed without my written consent unless otherwise permitted in accordance with Federal Law and Regulation. I also understand that I may revoke this consent at any time except to the extent that action has been taken on it. If not previously revoked, this consent will terminate upon (specific date, event, or condition): \_\_\_\_\_.

Executed this DATE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF PHYSICIAN PARTICIPANT**

\_\_\_\_\_  
**ADDRESS OF PARTICIPANT**

\_\_\_\_\_  
**SIGNATURE OF WITNESS**

**PROHIBITION ON REDISCLOSURE:**  
*This information has been disclosed to you from records protected by Federal Confidentiality Regulations (42 CFR part 2). The Federal Regulations prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal Rule restricts any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.*



**Helping physicians and the medical community for more than 35 years.**