Amy E. Brown, MS, CADC, LPC, CCTP
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Release of Confidential Information

Name _____ Date of Birth _____

I grant Amy E. Brown, MS, CADC, LPC, CCTP explicit permission to release my protected health information (PHI) to (circle one) The PA Nurses' Health Program/The PA Physicians' Health Program (includes telephone contact as needed for consultation, evaluation, and treatment).

Purpose of information release: Healthcare Professional (HCP) Evaluation

Information to be released : Evaluation results and recommendations

This release of information includes Psychiatric/Psychological, Educational, Drug/Alcohol/Substance Abuse, AIDS/HIV, Social Work, Medical, and Legal records and information unless specifically excluded.
This release will expire after one year unless otherwise revoked.

_____

HCP printed name

_____

HCP signature Date

_____

Witness printed name

_____

Witness signature Date