

Healthcare Professionals' Foundation of Louisiana

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CONSENT AND AUTHORIZATION TO RELEASE INFORMATION

I, _____
(First, Middle, Last) (Date of Birth) (Social Security Number)

hereby consent and authorize the Healthcare Professionals' Foundation of Louisiana (HPFL):

_____ to release my monitoring records to _____ to obtain my monitoring records from
_____ to release my evaluation/treatment records to _____ to obtain evaluation/treatment records from
_____ to release a (frequency: _____) status report to _____ to obtain a status report from

Name of Organization/Treating Professional: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

My consent and authorization applies to the following specific information: (Place an "X" in the blank next to all that apply.)

EVALUATION/TREATMENT RECORDS

_____ Admission Summary
_____ Discharge Summary
_____ Psychiatric Evaluation
_____ Psychological Evaluation & Testing
_____ Psychosocial History
_____ History & Physical w/ Lab Results
_____ Drug Test Results
_____ Consultation Report(s)

MONITORING RECORDS

_____ Treating Psychiatrist Reports
_____ Treating Therapist Reports
_____ Treating Addictionologist Reports
_____ 12 Step Meeting Logs
_____ Caduceus Meeting Logs
_____ Continuing Medical Education Reports
_____ Random Drug Test Results
_____ LSBME/LSBD Order(s), Decisions

_____ Other (Specify): _____

Reason for Release of Information (Be specific): _____

I understand that I may revoke this consent and authorization at any time in writing and in any event, it shall expire on the date of expiration of my contract with the HPFL without my written revocation, unless sooner revoked, but not retroactive to the release of information made in good faith.

Signature: _____ Date: _____

Witness: _____ Date: _____

FOR RECORDS APPLICABLE UNDER FEDERAL LAW 42 CFR PART 2:

To the party receiving this information: This information has been disclosed to you from the records whose confidentiality is protected by federal law. Federal regulations (42CFR Part 2) prohibit you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.