

Office – (208) 323-9555 Toll Free – (800) 386-1695 Cell – (208) 891-4726

An Alternative to Disciplinary Action Program offered by the Idaho Board of Nursing

RELEASE OF CONFIDENTIAL INFORMATION

I, _____, authorize the Program for Recovering Nurses (PRN) to release/exchange information about me to **(CONTACT NAME)** _____ for the purposes of CORRESPONDENCE/UPDATES. The address fax, and phone number I want information sent to is: **(CONTACT INFO.)** _____. Relationship to client: _____.

I agree to the following release(s) of information:

Note: The client must initial next to each item they wish to authorize for release.

____ Evaluation Results	____ Discharge Information	____ Diagnosis Information
____ Medication information	____ Correspondence sent/received	____ Treatment Progress
____ Quarterly work reports	____ Program progress	____ Drug Testing
____ Client Activity Reports	____ Other: _____	

If not previously revoked, this consent will remain active until one month past the completion of your participation in the Program for Recovering Nurses.

To the extent possible under federal and state law, I consider all my medical records, including records concerning my activity with the Idaho Board of Nursing's Program for Recovering Nurses (PRN), to be privileged and confidential. I, therefore, give my permission for the PRN and its representatives to give reports to and receive reports from the person(s) or agency(ies) listed above. I understand these reports will contain information regarding my involvement with PRN and will include information regarding any chemical dependence and/or mental health issues I may have in addition to information regarding my progress in recovery. Any limitations regarding the content of information in these reports are as defined above. I further acknowledge that the purposes of these reports were explained to me and that this consent is given of my own free will.

If I was referred to the PRN by the Board of Nursing or if I am not in compliance with my monitoring contract, I acknowledge there are NO report limitations.

Client Signature

Date

Witness

Date