## SAMPLE 42 CFR Part 2.31 Consent Form:

- 3. To disclose: (kind and amount of information to be disclosed)

## Any information needed to confirm the validity of my prescription and for submission for payment for the prescription 4. To: (name or title of the person or organization to which disclosure is to be made)

The dispensing pharmacy to whom I present my prescription or to whom my prescription is called/sent/faxed, as well as to third party payors

5. For (purpose of the disclosure)

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- 6. Date (on which this consent is signed)
- 7. Signature of patient
- 8. Signature of parent or guardian (where required)
- 9. Signature of person authorized to sign in lieu of the patient (where required)
- 10. This consent is subject to revocation at any time except to the extent that the program which is to make the disclosure has already taken action in reliance on it. If not previously revoked, this consent will terminate upon: (specific date, event, or condition)

Termination of treatment

(c) Expired, deficient, or false consent. A disclosure may not be made on the basis of a consent which: (1) Has expired; (2) On its face substantially fails to conform to any of the requirements set forth in paragraph (a) of this section; (3) Is known to have been revoked; or (4) Is known, or through a reasonable effort could be known, by the person holding the records to be materially false. (Approved by the Office of Management and Budget under control number 0930-0099).

## **Notice to accompany disclosure:**

Each disclosure made with the patient's written consent must be accompanied by the following written statement: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules 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.