



I, _____, give my permission for the Professional Recovery Network and

_____ at _____
(Name of Specific Person/Facility/Organization) (Phone)

To communicate with each other and to exchange the following information relating to my participation in and compliance with the PRN Program:

- PRN Intake Information, Support Agreement, and Compliance History
- Texas State Licensing Board Allegations/Investigation Information
- Medication Management Information
- Summary of Drug Screen Results
- Summary of Evaluation/Treatment Recommendations

This consent is subject to revocation at any time except to the extent that the program which is to make disclosure has already taken action in reliance on it. ***If not previously revoked, this consent will terminate one year from the date of signature. However, if I sign a PRN Support Agreement, this consent won't expire until the successful completion of my PRN Support Agreement.***

Participant Signature

Witness (PRN Staff Member)

Date of Signature

NOTICE TO RECIPIENT OF INFORMATION

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. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.