IPN
INTERVENTION PROJECT FOR NURSES

Third Party Consent to Release Confidential Information

Practitioner Name: _____IPN Case # _____

Date of Birth: _____ Social Security Number: _____

Fl. Nursing License Number(s): _____ Profession: _____

I hereby authorize Intervention Project for Nurses, Inc. ("IPN") to release the information indicated below to:

Company Name: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Email: _____

This Consent includes the following information

- Participant Contract
- Participant Manual
- Intake Package (copies of documents provided by IPN to the Practitioner during intake)
- IPN Correspondence (copies of correspondence sent by IPN to the Practitioner)
- Drug/Alcohol Screen Results (including date; negative/positive; and if positive, the substance(s) for which the screen was positive)
- Publicly-Available Department of Health and Licensure Board Documents (relating to administrative proceedings involving the Practitioner)
- Department of Health Voluntary Agreement to Withdraw from Practice ("VWOP") completed by the Practitioner
- Rescission of VWOP Completed by the Practitioner
- Consent Forms Previously Signed by the Practitioner
- Oral statements and/or testimony by IPN personnel (without limitation)
- Other, described as follows: _____

I understand that this Consent authorizes the release of information that may otherwise be confidential under Florida and/or federal law, including 42 C.F.R. Part 2. This Consent is for the specific purpose of _____.

I understand that I may revoke this Consent at any time except to the extent that IPN has already acted in reliance on it. I hereby release IPN, its employees, and agents from any liability which may arise as a result of any disclosure made pursuant to this Consent. A copy of this Consent is as valid as the original.

Unless earlier revoked, this Consent will expire one year from the date signed.

_____	_____	_____
Practitioners Printed Name	Practitioners Signature	Date

Return to: IPN, P.O. Box 49130, Jacksonville Beach, FL 32240-9130 or via Fax to (904) 270-1633.