

CONSENT TO DISCLOSURE AND USE
42 CFR Part 2

REMEMBER: Information disclosed pursuant to patient consent must be accompanied by a copy of this completed consent form.

I,

[patient's name]

authorize Alabama Board of Nursing
[name of person or class of persons authorized to make the requested disclosure]

to redisclose: substance use treatment records or mental health records from
(name of facility).

☒ Assessment/Evaluation Findings
☒ Discharge Diagnoses
☒ Treatment Recommendations
☒ Treatment History
☒ Discharge Recommendations

☒ Monitoring Recommendations
☒ Drug Screening Results
☒ Aftercare Reports
___ Other (Please specify):

NOTE: DO NOT DISCLOSE SUBSTANCE USE DISORDER COUNSELING NOTES OR
PSYCHOTHERAPY NOTES

to the following recipients: the Alabama Board of Nursing (including its members, employees, agents, hearing officer and staff, court reporter and staff, and any other persons involved in the administrative proceedings) and any court to which I may appeal the results of my administrative proceedings.

The purpose of disclosure: for use and disclosure by the Alabama Board of Nursing in administrative and/or civil investigation and proceedings pertaining to my licensure with the Alabama Board of Nursing or my application for licensure with the Alabama Board of Nursing. This includes an investigation; disciplinary alternative program application, agreement, and participation; or disciplinary proceedings (including informal disposition or formal hearing) before the Alabama Board of Nursing or any court to which I may appeal the results of the administrative proceedings; and enforcement of any order or agreement to which I am subject as a result of the administrative proceedings. This includes use or disclosure of the records as well as testimony relaying information contained in the records. This includes the relaying of information contained in the records in documents that become part of the record of my administrative proceedings before the Alabama Board of Nursing or any court to which I may appeal the results of my administrative proceeding. The documents relaying information contained in the records may become available to the public; provided that, to the extent the Alabama Board of Nursing enters the records themselves into evidence in the administrative proceedings or appeal thereof, the Alabama Board of Nursing will request that the records be placed under seal by the person adjudicating the proceedings.

Authorization and Consent for Use and Disclosure: I understand that my substance use disorder and mental health disorder records are protected under federal regulations governing Confidentiality and Substance Use Disorder Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. pts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

I consent and authorize the Alabama Board of Nursing (including its members, employees, agents, hearing officer and staff, court reporter and staff, and any other persons involved in the administrative proceedings) and any court to which I may appeal the results of my administrative proceedings to use and disclose the released records for the purposes described above in "The purpose of disclosure."

Right to Revoke: I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. Unless I revoke my consent earlier, this authorization will expire upon the conclusion of all of the following: the conclusion of the investigation and administrative proceedings and my successful completion of the requirements of any order or agreement resulting from the administrative proceedings. To revoke the consent, I should notify the party authorized to disclose the records and the Alabama Board of Nursing in writing of my intent to revoke the consent.

I have been provided a copy of this form.

Dated:

Signature of Patient

Signature of person signing form if not patient

Describe authority to sign on behalf of patient

TO ACCOMPANY INFORMATION DISCLOSED: This record which has been disclosed to you is protected by Federal confidentiality rules (42 CFR part 2). These rules prohibit you from using or disclosing this record, or testimony that describes the information contained in this record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against the patient, unless authorized by the consent of the patient, except as provided at 42 CFR 2.12(c)(5) or as authorized by a court in accordance with 42 CFR 2.64 or 2.65. In addition, the Federal rules prohibit you from making any other use or disclosure of this record unless at least one of the following applies:

- (i) Further use or disclosure is expressly permitted by the written consent of the individual whose information is being disclosed in this record or as otherwise permitted by 42 CFR part 2.
- (ii) You are a covered entity or business associate and have received the record for treatment, payment, or health care operations, or
- (iii) You have received the record from a covered entity or business associate as permitted by 45 CFR part 164, subparts A and E.

A general authorization for the release of medical or other information is NOT sufficient to meet the required elements of written consent to further use or redisclose the record (see 42 CFR 2.31).