Alabama Physician Health Program

MEDICAL ASSOCIATION of the STATE of ALABAMA
19 S. Jackson St., Montgomery, Alabama 36104
334 954-2596 (Office) staff@alabamaphp.org (Email) 334 954-2593 (FAX)

Authorization and Consent to Release Information
to the Alabama Physician Health Program

Name ______________________ Date of Birth ______________________

Address ______________________ City/State/Zip ______________________

I hereby authorize and request that the physician(s), hospital(s), or other healthcare provider(s) listed below release to the Alabama Physician Health Program, Post Office Box 1900, Montgomery, AL 36102-1900 the following information:

( ) Assessment/Evaluation Findings
( ) Discharge Diagnoses
( ) Discharge Recommendations
( ) Alabama Physician Health Program Agreement
( ) Urine Drug Screen Report
( ) Other (Please Specify) ______________________

From:

Name ______________________ Address ______________________

City/State/Zip ______________________ Phone ______________________ Fax ______________________

I hereby authorize the release of the above information and release and hold harmless the physician(s), hospital(s) or other healthcare provider(s), their members, agents or employees from any and all claims for damages arising out of or related to the release of the information specified above.

1. I understand that the source(s) named above will be told that the information they give will remain confidential. I hereby waive my right of access to any information obtained from these sources.
2. I understand that I have the right to withdraw this authorization at any time, but that this authorization shall expire, without my written revocation, two (2) years from the date provided below except to the extent it is already being relied upon. I authorize a photocopy of this release to be used in lieu of an original signed document.
3. The information contained herein is confidential and is being provided in response to this written authorization.

Date: ______________________ ______________________
Signature of Consenting Party

Witness signature: ______________________