

Consent for Release of Patient Information During or After Treatment/Rehabilitation

U.S. Department of Housing and Urban Development
Office of Human Resources

APPENDIX 2

(Employee/Patient name)

I,

hereby consent to the disclosure of information concerning my progress in terminating illegal drug use.

(Treatment/Rehabilitation Facility)

I authorize the

(Name)

to disclose that information to,

Director of the Employee Assistance Program

(Name of Agency)

at

(Name of Supervisor)

and to,

my supervisor

and to the agency Medical Review Official for drug use monitoring under Executive Order 12564, which provides for a drug-free Federal workplace.

I understand that this consent is subject to revocation at any time, except to the extent that action has been taken in reliance thereon, and that it will expire without express revocation upon: (date, event, condition)

This consent to disclose the above-described treatment records was freely given, without reservation, for the purpose set out above.

Signature of Employee/Patient

Date on which consent is signed

Clause for use if employee is a minor or legally incompetent:

(Name)

(Parent/Legal Guardian or Personal Legal Representative)

I,

the

of the above named employee/patient, hereby consent to the aforementioned release of information on his/her behalf.

Signature

Date