Washington State Department of Health

DOH 669-386 November 2020

Consent for Release of Information

I, _____ of _____
(Print Name) (County)

authorize, Washington Health Professional Services (WHPS), to disclose to and/or receive information from:

Agency/Person(s) Name _____

Address _____

City, State, Zip code _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

I understand that the purpose of this release is to allow WHPS to exchange information about me in any form including verbal, written and electronic with the above named entity in order to facilitate appropriate, treatment, medical care, monitoring; and promote public safety. I also understand that if I decline to sign this or any additional requested releases that I am not eligible to participate in WHPS.

Types of information that may be shared include, but are not limited to:

- Substance use history, legal issues, and license status
- Diagnostic impression, symptomology and treatment recommendations or services
- Medical and/or psychiatric conditions
- Prescribed medications
- Results of urine, blood, hair, etc. testing
- Monitoring program compliance and status

I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent. I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event this consent expires automatically as follows;

Specification of the date, event, or condition upon which this consent expires: **(initial one)**

_____ Ninety (90) days from the date listed below

_____ Ninety (90) days after program completion

_____ Other (specify length of time) _____

_____ _____
Signature Date

Please send the completed form to WHPS via fax 360-359-7956 or email whps@doh.wa.gov.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.