



Physician Recovery Network
 5530 West Emerald
 Boise, ID 83706

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 Fax: (208) 323-9222
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CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

To the extent possible under federal and state law, I consider all my medical records, including records concerning my activity with the Physician Recovery Network, to be privileged and confidential. I, therefore, give my permission for the Idaho Medical Association PRN Committee representatives to give reports to and receive reports from the person(s) or agency(ies) names below. I understand these reports will contain information regarding my involvement with PRN and will include information regarding any chemical dependence and/or mental illness problems I may have and information regarding my progress in recovery. Any limitations regarding the content of information in these reports are as defined below. I further acknowledge that the purposes of these reports were explained to me and that this consent is given of my own free will.

1. Physician Monitor: _____
 Report Limitations: _____

2. Hospitals where I have privileges:
 1. _____ 2. _____ 3. _____
 Report Limitations: _____

3. Representative of hospital administration: _____
 Report Limitations: _____

4. Physician associate: _____
 Report Limitations: _____

5. Spouse or significant other: _____
 Report Limitations: _____

6. Office manager and/or nurse: _____
 Report Limitations: _____

7. Personal physician and Dentist: _____
 Report Limitations: _____

8. Idaho State Board of Medicine: **Executive Director or designees**
 Report Limitations: a. Informal, verbal notification of program participation.
 b. If I become out of compliance with this contract, NO LIMITATIONS.

9. PRN Physician Support Group Staff (including Turnboom Counseling Center or WPHP): _____
 Report Limitations: _____

10. FirstLab: For the purposes of UA collection and testing

11. Others: a. _____
 b. _____
 c. _____

If not previously revoked, this consent will terminate five years from _____.

SIGNED: _____ Date: _____

WITNESS: _____ Date: _____