

*The Missouri State Medical Association's
Physicians Health Program
Consent for the Release of Confidential
Information*

I, _____ of _____
(name of person giving consent) (address of person giving consent)

authorize: **MISSOURI PHYSICIANS HEALTH PROGRAM**
1023 Executive Parkway, Suite 16
St. Louis, MO 63141

to release to or
 to receive from

DWG COLLECTIONS, LLC

the following information: (please check the appropriate line(s))

| | |
|---|--|
| <input checked="" type="checkbox"/> <i>Lab Results</i> | <input type="checkbox"/> <i>Quarterly Progress Report(s)</i> |
| <input type="checkbox"/> <i>Diagnosis and Treatment Recommendations</i> | <input type="checkbox"/> <i>Psychological Report</i> |
| <input type="checkbox"/> <i>Discharge/Transfer Summary</i> | <input type="checkbox"/> <i>Individual Treatment Plan</i> |
| <input checked="" type="checkbox"/> <i>Cooperation and Progress</i> | <input type="checkbox"/> <i>Psychiatric Evaluation</i> |
| <input checked="" type="checkbox"/> <i>Identifying Information</i> | <input type="checkbox"/> <i>Family Assessment</i> |
| <input checked="" type="checkbox"/> <i>Change in Status</i> | <input type="checkbox"/> <i>Other: _____</i> |

The purpose or need for disclosure is to communicate with identified service providers on your behalf.

I understand that my records are protected under Federal Confidentiality rules (42 CFR Part 2). Federal rules prohibit further disclosure of this information except by written consent of the person to whom it pertains. I may revoke this consent at any time except to the extent that action has been taken in reliance on it (e.g. probation, parole, etc...) and that in any event this consent expires automatically as described below. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

*Specification of the date, event or condition upon which this consent expires:
This consent expires six months after completion of the Program or as
specified: _____.*

I further acknowledge that the information released was fully explained to me and this consent is given of my own free will.

(Signature)

(Date)

(Witness)

(Date)