

Participant's Consent To Release Confidential Information

IPN Case #: _____

This Consent to Release Confidential Information (“Consent”) is executed on the date below by _____ (“Participant”).

Records made or kept in connection with the evaluation, treatment, or monitoring of Participant in the impaired practitioners program administered by the Intervention Project for Nurses (“IPN”) contain information which may be confidential under Florida and/or Federal law.

IPN, as an impaired practitioner consultant to the Florida Department of Health (“DOH”), has a legal obligation to exchange certain information about Participant with DOH, the Board of Nursing (“BON”) and its Probable Cause Panel (“PCP”) pursuant to section 456.076, Florida Statutes, and IPN’s contract with DOH. Similarly, IPN must exchange information about Participant with those persons necessary to implement the IPN program, including but not limited to nurse support group facilitators, evaluators, treatment providers, and Participant’s present and future employers. Accordingly, and as a precondition to participation in the IPN program, Participant must consent to all such disclosures by IPN, which may be made in writing or verbally by IPN.

By signing below, Participant authorizes IPN to disclose any records, psychotherapy notes, or other information relating to Participant to DOH, BON, or PCP, or their agents, and to all persons necessary to implement the IPN program, for any purpose permitted by law including but not limited to potential disciplinary action against Participant’s professional license. This information may include, but not be limited to, medical information, psychiatric, psychological, and drug and alcohol abuse records, as well as other information regarding Participant’s participation in the IPN program. Participant hereby releases IPN and its employees and other agents from all legal liability that may arise from the disclosure of such Participant information by IPN.

Participant may revoke this Consent in writing at any time except to the extent that IPN has already taken action in reliance on this Consent. Participant acknowledges and agrees that actions taken by IPN in reliance on this Consent include, but are not limited to, admitting Participant into the IPN program or entering into a monitoring or advocacy contract with Participant, as well as reporting or deciding not to report Participant’s impairment to DOH, BON, or PCP. Accordingly, Participant cannot avoid an IPN report to the DOH, BON, or PCP by revoking this Consent.

Participant acknowledges and agrees that, regardless of any subsequent revocation of this Consent by Participant, any information that has been forwarded by IPN to DOH, BON, PCP or their designees in reliance on this Consent may be used by such entities and persons for any purpose permitted by law, including but not limited to potential disciplinary action against Participant’s professional license. Participant further acknowledges and agrees that such information may become public as a result of IPN’s disclosure to DOH, BON, or PCP.

This Consent shall automatically expire one year from the date of Participant's successful completion of the IPN program, with such date determined solely by IPN. Participant hereby acknowledges that he or she has read this Consent and voluntarily agrees to all its terms as of the date below. Participant is entitled to a copy of this Consent. A copy of this Consent shall be as valid as the original.

Participant's Signature

Witness's Signature

Participant's Printed Name

Witness's Printed Name

Date Signed by Participant

Date Signed by Witness*

Note: Witness must physically view Participant signing this Consent and sign this Consent on the same date as Participant.

Return original to: IPN, P.O. Box 49130, Jacksonville Beach, FL 32240-9130 or by FAX to (904) 270-1633.