

NEBRASKA LICENSEE ASSISTANCE PROGRAM

Authorization to Release Information

I, _____, in order for the Nebraska Licensee Assistance Program (NE LAP) to have the information and communication necessary to provide my NE LAP services, authorize and request the NE LAP to release to and receive information from (please check all that apply):

- NE Professional Health Services Licensing Board _____
- NE DHHS, Div. of Public Health, Investigations Unit _____
- NE DHHS, Div. of Public Health, Licensure Unit _____
- Employer/Human Resources/Supervisor _____
- Treatment Provider _____
- NE Occupational Health (body fluid screen program) _____
- Nebraska Attorney General's Office _____
- Other _____

Specific information to be provided is to consist of (check appropriate area):

- All available information regarding my case, including all alcohol and substance use information.
- Re-release of all other providers' alcohol/substance use assessments/evaluations, progress reports and discharge summaries that I have made available to the NE LAP.
- Other (please specify) _____

This authorization is effective for twelve months from the date signed, or on _____, as I have requested, to fulfill the purposes of this authorization, unless sooner revoked. Information released according to the authorization may be subject to redisclosure by the recipient and may no longer be protected by privacy regulations. I understand I may revoke this authorization at any time by notifying the NE LAP Coordinator, NE LAP counselor or the Corporate Director of the NE LAP of my revocation of this authorization. Release of information will cease upon receipt of my revocation. I understand such revocation will not apply to information that may have been released prior to revocation. The NE LAP cannot condition NE LAP services based on agreement to this authorization to release information.

Date

NE LAP Client Signature

Date

Witness Signature