

Release of Information

Name:

Participant #:

Authorization to Exchange Information To and From Key RAMP Cohorts including the NJ Board of Nursing, Facilitators, Employer, Evaluators and RAMP staff.

Authorization to Exchange Information To and From all Pharmacies and allow the Recovery and Monitoring Program (RAMP) to access the New Jersey Prescription Monitoring Program (NJMP) database.

I have been informed of the meaning and content of this authorization to exchange information and understand that my consent includes verbal, written and electronic communications between the parties named herein. I also understand my consent may include the reproduction, transference, loan and investigation of documents and information pertinent to my individual situation.

MANDATORY (Pharmacy only):

Pharmacy Name: _____

Phone #: _____ Email: _____

RAMP may also exchange the protected health information indicated with the person(s) named below:

Name: _____

Attorney Therapist Physician Other, please specify _____

Phone #: _____ Email: _____

Name: _____

Attorney Therapist Physician Other, please specify _____

Phone #: _____ Email: _____

Extent and Nature of Disclosure: Alcohol/drug use history, diagnostic impression, symptomology, biographical, family, psychological mental and social history, evaluation results, diagnosis, if any and recommendations, treatment history, prognosis and success and/or compliance.

The disclosure of the information and records is for the specific purpose to: Provide the necessary, pertinent, and current information required to assist and support me in my treatment and/or recovery. Provide accurate information and documents to ensure appropriate advocacy for me. Allow adequate information to adjudge my ability to practice my licensed profession safely. Provide for the health, safety, and welfare of the public against unsafe practitioners. Provide information to the appropriate regulating Board for possible disciplinary action of the license.

Revocation/Expiration: This consent is subject to revocation at any time by participant except to the extent that the NJ Recovery and Monitoring Program (RAMP) and/or the above named person has taken action in reliance upon it. This consent shall terminate one year from the completion or dismissal of the monitoring agreement with RAMP.

I understand no information may be re-disclosed by either party to any other individual or agency unless done so by my written consent that is hereby granted herein.

This consent for release and exchange of information is given freely, voluntarily and without coercion.

Signature: _____

Date: _____