PEER ASSISTANCE PROGRAM OKLAHOMA BOARD OF NURSING
P.O. Box 52926 405/525-2277
Oklahoma City, OK 73152 Fax 405/525-0350
http://www.oklahoma.gov/nursing

WAIVER ALLOWING RELEASE OF INFORMATION FOR BODY FLUID TESTING

I, _____ hereby authorize_____
(collection site / lab)
to disclose to the **PEER ASSISTANCE PROGRAM**, including staff and Peer Assistance Committee members, any and all information relating to drug screen collection and testing which may be requested by the Program. The purpose of this disclosure is to allow me to participate in the Program, as an alternative to disciplinary action against my license.

I also consent to the Peer Assistance Program, including staff and Peer Assistance Committee members, communicating information necessary for me to be able to participate in body fluid testing, including contact information, to the above collection site or laboratory.

In the event I fail to comply with the Program or become unable to practice my profession with reasonable skill and safety, I authorize the Program to release any and all monitoring information, including results of body fluid testing, obtained during my participation in the Program to the appropriate disciplinary authority in the event that the Program reports me to such authority.

I understand that this consent authorizes the release of information that may otherwise be confidential under Oklahoma and/or Federal Law, including 43AO.S. §1-109 & 42 C.F.R. Part 2.

This consent is subject to revocation at any time except to the extent that disclosure has been made to or by the Program in reliance on it. I understand that the Peer Assistance Program has relied on this consent in permitting me to participate in the Program. In the event I withdraw or am dismissed from the program, Peer Assistance Program may notify the above provider that I have withdrawn or been dismissed from the program even if I revoke this consent. If not previously revoked, this consent will terminate 60 days after I complete, withdraw or am dismissed from the Peer Assistance Program.

(Signature) _____ (Date Signed) _____

(Witness) _____ (Date Signed) _____

See Back for Confidentiality of Alcohol and Drug Abuse Patient Records under 42-CFR Part 2

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by federal law and regulations. The program may not say to a person outside the program that a patient attends the program or disclose any information identifying a patient as a alcohol or drug abuser **unless**:

1. The patient consents in writing[1]; OR

2. The disclosure is allowed by a court order; OR

3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation; OR

4. The patient commits or threatens to commit a crime either at the program or against any person who works for the program.

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

(See 42 U.S.C. § 290dd-3 and 42 U.S.C. § 290ee-3 for federal laws and 42 CFR Part 2 for federal regulations.)

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[1] A condition of participation in the Peer Assistance Program is that participants sign consent forms a)authorizing the program to share information with health care providers/facilities and employers and b) consenting to the program reporting the participant to the Oklahoma Board of Nursing in accordance with the program policies. Nurses not wishing to sign such consents are not eligible to participate in the program.