
**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION TO
“CONCERNED ENTITY” UNDER THE TERMS OF MONITORING AGREEMENT**

I, _____, hereby authorize

Tracy R. Zemansky /PAG Monitoring Staff /PAG Consultants /PAG Testing Staff and

Person or Other Agency (“Concerned Entity”)

Address

City, State, Zip

Telephone Number

to communicate with and disclose to one another information about my alcohol and drug treatment, medical and mental health care, diagnostic history, behavioral observations and the status of my participation and compliance with my Monitoring Agreement.

The purpose of and need for the disclosure is:

1. To facilitate workplace monitoring and reporting
2. To allow disclosure of compliance issues or withdrawal from program pursuant to monitoring agreement reporting to “concerned entities
3. Other: _____

I agree and understand that this consent may NOT be revoked prior to report by the monitor in compliance with the terms of the monitoring agreement. I hereby instruct Tracy R. Zemansky, Ph.D., or her designee, to report to my concerned entity any noncompliance, positive alcohol/drug tests, missed alcohol/drug tests, or withdrawal from the program. Revocation of this consent prior to completion of my agreement with Tracy R. Zemansky for Monitoring Services may be considered non-compliance with the terms of that agreement. If not previously revoked, this consent will terminate 90 days following completion of my agreement with Tracy R. Zemansky.

Information disclosed is protected by Federal confidentiality rules (42 CFR part 2). The federal rules prohibit further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose.

Participant Name/Signature

Date/Time

PAG Staff Signature

Date/Time