Doug Ducey
Governor

Joey Ridenour
Executive Director

Arizona State Board of Nursing

1740 West Adams Street, Suite 2000
Phoenix, AZ 85007-2607
Phone: (602) 771-7800
Homepage: http://www.azbn.gov

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

It is often essential that information be exchanged between the investigator and persons involved in evaluating mental and physical health treatment for licensee under investigation. Please complete the following consent form for these purposes:

NAME OF LICENSEE: ______________________________
DATE OF BIRTH: ______________________________
SOCIAL SECURITY NUMBER: ______________________________

This Consent Form authorizes the medical provider to disclose information/records to Arizona State Board of Nursing, for the purpose of completing an investigation pursuant to A.R.S. § 32-1664.

____
Name of Medical Provider/Facility

____
Street

____
City, State Zip Code

My Prescriptions are filled at ______________________________
Name(s) of Pharmacy

I understand that my records may be protected under Federal Confidentiality Regulations and am providing my written consent to the disclosure of these records.

______________________________ ______________
(Signature of Licensee) (Date)

Return form to: ______________________