STATE OF CALIFORNIA
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DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

Board of Vocational Nursing and Psychiatric Technicians
2535 Capitol Oaks Drive Suite 205, Sacramento, CA 95833-2945
Phone 916-263-7800 Fax 916-263-7855 www.bvnpt.ca.gov

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL MEDICAL RECORDS AND INFORMATION

I, the undersigned, do hereby authorize the individual and/or agency listed below to release all medical, psychiatric, psychological, counseling, and alcohol and/or drug abuse treatment and therapy records and information to the Board of Vocational Nursing and Psychiatric Technicians.

Name:
Agency/Company:
Address:
City/State/Zip Code:
Telephone #: ( ) Fax #: ( )

Records and information released pursuant to this authorization will be collected by:

Board of Vocational Nursing & Psychiatric Technicians
2535 Capitol Oaks Drive, Suite 205
Sacramento, CA 95833
Attn: Enforcement Unit

The disclosure of confidential information and records authorized herein is required solely for the board's official use, including any investigations and possible administrative proceedings regarding any violation of the laws of the State of California.

This authorization shall remain valid for 1 year from date of signature. I understand that I have the right to modify or revoke this authorization, but that such a change is not effective until the provider receives written notice of the change. A copy of this authorization shall be as valid as the original. I understand that I have a right to a copy of this authorization.

I authorize the release of information as noted herein:

Print Name: _____ Applicant or License #: _____

Signature: _____ Date: _____

Daytime Telephone #: ( ) _____