Consent for Disclosure and Release of Information

I, _____, **license #**_____hereby authorize the

NM Board of Nursing, Diversion Program representative to release information from my confidential Diversion Program file regarding my overall participation in the Diversion Program to the below mentioned individual, agency, employer, family, or professional:

_____ _____ _____

Name/Contact person **Agency** **Phone#**

_____

Address **City** **State** **Zipcode**

The purpose of this disclosure is to allow the DP to communicate with others about my participation and compliance in the DP.

I understand that I can revoke this consent at any time except to the extent that action has been taken in reliance on it. I understand that the DP has relied on this consent in disclosing any information to others herein authorized.

This consent will expire upon completion/ termination of the DP contract dated:

_____

Month Day Year

_____ _____ _____

Date **Participants Signature** **Phone #**

_____ _____

Date **Witness Signature**