

# NEBRASKA LICENSEE ASSISTANCE PROGRAM

## Authorization to Release Information

I, \_\_\_\_\_, in order for the Nebraska Licensee Assistance  
(Name of NE LAP client)  
Program (NE LAP) to have the information and communication necessary to provide my NE LAP services, authorize  
and request the NE LAP to release to and receive information from (please check all that apply):

\_\_\_\_\_ NE Professional Health Services Licensing Board \_\_\_\_\_  
\_\_\_\_\_ NE DHHS, Div. of Public Health, Investigations Unit \_\_\_\_\_  
\_\_\_\_\_ NE DHHS, Div. of Public Health, Licensure Unit \_\_\_\_\_  
\_\_\_\_\_ Employer/Human Resources/Supervisor \_\_\_\_\_  
\_\_\_\_\_ Treatment Provider \_\_\_\_\_  
\_\_\_\_\_ Concentra (body fluid screen program) \_\_\_\_\_  
\_\_\_\_\_ Nebraska Attorney General's Office \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

Specific information to be provided is to consist of (check appropriate area):

\_\_\_\_\_ All available information regarding my case, including all alcohol and substance use information.  
\_\_\_\_\_ Re-release of all other providers' alcohol/substance use assessments/evaluations, progress reports and  
discharge summaries that I have made available to the NE LAP.  
\_\_\_\_\_ Other (please specify) \_\_\_\_\_

This authorization is effective for twelve months from the date signed, or on \_\_\_\_\_, as I  
have requested, to fulfill the purposes of this authorization, unless sooner revoked. Information released  
according to the authorization may be subject to redisclosure by the recipient and may no longer be protected  
by privacy regulations. I understand I may revoke this authorization at any time by notifying the NE LAP  
Coordinator, NE LAP counselor or the Corporate Director of the NE LAP of my revocation of this  
authorization. Release of information will cease upon receipt of my revocation. I understand such  
revocation will not apply to information that may have been released prior to revocation. The NE LAP  
cannot condition NE LAP services based on agreement to this authorization to release information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
NE LAP Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature