

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, M. D., hereby authorize the Alabama State Board of Medical Examiners to disclose to _____ any and all records and files concerning _____, M. D., to include confidential information, medical data, chemical dependency data, psychological data and/or psychiatric data.

I hereby release the Alabama State Board of Medical Examiners from any liability which may arise as a result of the use of the information contained in the copies of the records disclosed. I understand that I may revoke this authorization at any time, except the revocation will be ineffective to the extent that the party which has made the disclosure has already taken action in reliance on my authorization.

DATED this _____ day of _____, 20_____.

Signature

Witness (optional)