

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____, authorize Wendy Cohen Coaching
2193 Commonwealth Ave. #144 Brighton, MA 02135
Phone: (617)990-4557 Email: wendycohenmd@gmail.com

TO DISCLOSE TO AND COMMUNICATE WITH:

Name:

Organization:

Address:

Phone:

Relationship:

Email:

INFORMATION TO BE DISCLOSED:

PLEASE INITIAL ALL THAT APPLY. YOU MAY ALSO ADD A DESCRIPTION OF AN ADDITIONAL REASON FOR DISCLOSURE.

I AUTHORIZE Wendy Cohen Coaching TO COMMUNICATE ABOUT:

- | | |
|--------------------------------------------------------|--------------------------------------|
| Copy of Recommendations | Provide a Compliance Letter |
| Description of Participation | Health History |
| Compliance Information | Physician Health Program Involvement |
| Other Information You Want Disclosed (please explain): | |

THE PURPOSE OF THE DISCLOSURE AUTHORIZED HEREIN IS TO:

PLEASE INITIAL ALL THAT APPLY. YOU MAY ALSO ADD A DESCRIPTION OF AN ADDITIONAL PURPOSE FOR DISCLOSURE.

- | | | |
|-------------------|---------------------------------|---------------------|
| Credentialing | Communicate with Employer | Update Legal Status |
| Compliance Update | Address Assessment | |
| Recommendations | Obtain or update health history | |

Other Information You Want Disclosed (please explain):

EXPIRATION: THE DATE, EVENT, OR CONDITION UPON WHICH THIS CONSENT EXPIRES (*Choose initial next to one option. If "other", please explain.*)

Upon Termination of My Involvements with Wendy Cohen Coaching

One Year from Date Below

Other, Please Specify a Date or Condition of Termination of this Consent if none of the above:

I understand that I may revoke this consent at any time except to the extent that action has already been taken in reliance on it.

FOR DRUG AND ALCOHOL RELATED MATTERS:

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

Date:

Signature

Printed Name

~Information released by Wendy Cohen Coaching may be limited in accordance with Massachusetts law.~