## THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA EMPLOYEE ASSISTANCE PROGRAM

## <u>AUTHORIZATION FOR THE RELEASE</u> OF CONFIDENTIAL INFORMATION

I,	, authorize the Broward County
Name of Client)	<u> </u>
School Board Employee Assistance I	Program (EAP) to speak
Olema of Occasionation Review	or Title of Person Receiving/ giving information)
(Name of Organization, Person, C	or Title of Person Receiving/ giving information)
for	
(Pur	pose of the Release)
AUTHORIZ A	ATION FOR THE RELEASE
· · · · · · · · · · · · · · · · · · ·	DENTIAL INFORMATION
I authorize	son, or Title of Person Receiving Information from EAP)
(Name of Organization, Pers	son, or Title of Person Receiving Information from EAP)
to release	
(Nature and Amou	unt of Information to be Released)
	D. C.
to the Broward County School Board Empl	oyee Assistance Program (EAP) for
(Pu	urpose of Release)
this authorization is as valid as the original. time, but such revocation can have no effect	Form invalidate the entire authorization, and that a copy of . I can revoke this authorization orally or in writing at any et on disclosures made prior to notice of revocation of this ysical and/or electronic signature as acknowledgment of
If not previously revoked, this authorization	n will automatically expire on
The date I am no longer an EAP client	
(Specific Date, Event, or Condition)	
Signature of Client	Date
Signature of EAP Staff	

## NOTICE TO RECEIVER OF INFORMATION:

This information may be shared within the receiver's chain of command <u>only</u> on a strict <u>must</u> need to know basis. Otherwise, this information has been disclosed to you from records whose confidentiality may be protected by Federal Law. Federal Regulation (42 CFR, Part2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal Rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient, which may apply to this EAP client.

Every School Board employee who receives oral or written information regarding the above-named employee must also receive a copy of this notice prohibiting the re-release of information.

Revised 03/31/20