

Driver Wellness & Safety Division CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

(Please note: MVA is not responsible for any cost incurred as a result of this request.)

**This entire form must be completed and returned to the:
Motor Vehicle Administration, 6601 Ritchie Highway, NE, Glen Burnie, MD 21062
Fax 410-582-4936, Email DWSMED@mdot.maryland.gov**

Driver's License Number		Today's Date
Last Name	First	Middle
		Date of Birth

I, _____ (Driver's Name) authorize the provider(s) named below:

Medical Provider, Hospital, Alc./Substance Program/Eval.	Address	Phone Number
Medical Provider, Hospital, Alc./Substance Program/Eval.	Address	Phone Number
Medical Provider, Hospital, Alc./Substance Program/Eval.	Address	Phone Number
Medical Provider, Hospital, Alc./Substance Program/Eval.	Address	Phone Number

To disclose to the Motor Vehicle Administration (MVA), my health information relative to treatment for physical, mental, and/or alcohol/substance abuse disorder including diagnosis, treatment, healthcare services, participation, prognosis, and rehabilitation. The purpose of this disclosure authorized herein, is to assist the MVA in determining my fitness to drive a motor vehicle.

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. I also understand that I may revoke this consent in writing at any time, except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically one year from the date signed by the driver.

Signature of Driver _____ Date _____

Prohibition of Re-disclosure: This Administration is prohibited from making any further disclosures of information from records whose confidentiality is protected by the Maryland Motor Vehicle Law governing Medical Advisory Board cases and by Federal Law, except with specific written consent of the person to whom it pertains, or as otherwise permitted by Federal Regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.