Arkansas Medical Foundation

for

The Physicians Health Committee

10 Corporate Hill Drive, Suite 150, Little Rock, AR 72205
Telephone (501) 224-9911 • Fax (501) 224-9966
E-Mail: staff@arkmedfoundation.org

Bradley Diner, M.D.
Medical Director

Danny Wilkerson, M.D.
Executive Director

Rebecca Gaston
Program Director

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Arkansas Medical Foundation to release information regarding my compliance with my monitoring contract with the Foundation to:

Name: _____ Organization: _____

Address: _____

_____

Phone: _____

Fax: _____ Email: _____

I authorize the Arkansas Medical Foundation to provide compliance reports at the frequency of every quarter. Compliance reports may be mailed, faxed, or email.

This release of information is in effect while I am under contract with the AMF or unless I notify the AMF in writing to the contrary.

_____ _____ _____
Printed Name Signature Date

_____ _____
Date Witness

This information has been disclosed to you from records protected by federal confidentiality rules (42CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for release of information is **NOT** sufficient for this purpose.