EPRA
Opening a Door to a New Begining

MEDICAL/PSYCH INFORMATION RELEASE FORM

I, _____
NAME OF APPLICANT

residing at _____
ADDRESS

do hereby authorize _____
Adult Career and Continuing Education Services VR (ACCES) (formerly known as VESID) INSERT PARTY AUTHORIZED TO EXAMINE RECORD

to receive information from my record at EPRA _____ and do hereby authorize
INSERT PARTY AUTHORIZED TO RELEASE INFORMATION
and direct the Director of Said Center to permit same. The purpose of this disclosure is to **obtain pertinent psychological &/or medical information** and the information to be disclosed shall only be of the nature and extent as is necessary for that purpose. This request and consent may be revoked by me at any time, except t o the extent that action has been taken in reliance thereon. Unless specifically revoked, this request shall expire on _____
DATE OF EXPIRATION

For such purpose I do hereby waive the provision of Section 4504, et seq., C.P.L.R. and Subdivision C of section 15.13 of the Mental Hygiene Law, and do hereby waive any and all provisions accorded me by statute in connection with said record. This consent is in accordance with Federal Regulation (42 CFR Part 2).

_____
SIGNATURE OF CLIENT DATE

_____
SIGNATURE OF WITNESS DATE

EMPLOYMENT PROGRAM FOR RECOVERED ALCOHOLICS INC

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