

**AUTHORIZATION FOR MULTNOMAH COUNTY
TO RELEASE CONFIDENTIAL DRUG AND ALCOHOL INFORMATION**

I hereby authorize Multnomah County to release the below types of drug and alcohol information to _____ [list specific recipient(s)].

The types of drug and alcohol information that I am authorizing to be released to the recipient(s) listed above is (check all that apply):

- ☐ Drug and alcohol test results
- ☐ Substance abuse evaluations
- ☐ Notification by Employee of Medical Side Effects Forms
- ☐ Notification by Employee of Drug/Alcohol Arrest and/or Conviction Forms
- ☐ Other: _____

By authorizing Multnomah County to release this information I understand that:

- This information may be re-disclosed if the recipient(s) listed on this form is not required by law to protect the privacy of the information and such information is no longer protected by federal health information privacy regulations.
- Multnomah County can not be held responsible for any unauthorized re-disclosure of information after it is released to the recipient(s) listed on this form.
- This authorization is valid for one year from the date of my signature on this form or until _____ (date), and my authorization can be renewed or revoked by me at any time through written notification to Multnomah County.

Employee Signature

Date