

State of Connecticut
Department of Public Health and Addiction Services
Bureau of Health System Regulation
Division of Medical Quality Assurance

CONSENT FOR RELEASE OF CONFIDENTIAL DISCIPLINARY RECORDS

This is to certify that I hereby give my consent and authorize the Department of Public Health and Addiction Services, Division of Medical Quality Assurance, to confirm the existence of any pending petitions and to release any records of disciplinary action maintained by that Division (with the exception of any documents identified below) to:

TO: (Hospital, Board, Organization): _____

ADDRESS: _____

I understand that these records are confidential pursuant to the provisions of Connecticut General Statutes §20-13e and may not be disclosed without my permission. This information will only be disclosed when this release is executed by me. I also understand that if I am a participant in a rehabilitation program sponsored by a County Medical Association or by the Connecticut State Medical Society that I have the right to contact the Association or Society prior to signing this release.

Documents the Department is Not Authorized to Release:

Signature

Date

Name - Printed or Typed

Conn. Medical License Number

Date of Birth

Expiration Date

For office use only:
Petition under investigation, see attached
Confidential action, see attached
No confidential action

Initials/Date

DBB: