



State of Idaho
Division Of Occupational and Professional Licenses
Board of Nursing

BRAD LITTLE
Governor
RUSSELL BARRON
Administrator

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RELEASE OF CONFIDENTIAL INFORMATION

I, _____ authorize _____ to disclose to the Idaho Board of Nursing, their employees and/or agents, P.O. Box 83720, Boise, Idaho 83720-0061, the following information and reports as it relates to my license to practice nursing within the state of Idaho.

1. Release of Confidential Information
2. Mental Health Evaluation
3. Drug and Alcohol Evaluation

I consider all my medical records to be privileged and confidential. I therefore give my permission for the following individual/agency to provide information/reports to the Idaho Board of Nursing. I further acknowledge that this consent is given of my own free will. I also understand that I may revoke, in writing and deliver to the Idaho Board of Nursing, this consent 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 in twelve months.

Executed this _____ day of _____.

Signature of Applicant

Signature of Witness