

# National Oceanic and Atmospheric Administration

## US PUBLIC HEALTH SERVICE

### AUTHORIZATION FOR DISCLOSURE OF INFORMATION

(Pursuant To The Privacy Act of 7974, 5 U.S.C. 552a, 29 CFR 7970.9020, and 42 CFR Part 2)

(The release of information about a patient who is treated or referred for treatment for alcohol or drug abuse, or the medical results of such abuse, is governed by the Confidentiality of Alcohol and Drug Abuse Patient Record Regulations, 42 CFR Part 2).

Examining Facility Name, Address, Phone Number

(Examining Facility stamp here)

**TO:**

\_\_\_\_\_ (name)

\_\_\_\_\_ (address)

\_\_\_\_\_ (city, state, zip)

\_\_\_\_\_ (Phone)

\_\_\_\_\_ (fax)

You are hereby authorized to furnish medical Information from the record of the below named individual and release it to:

**Regional Director of Health Services**  
**NOAA - Marine Operations Center - Atlantic**  
**439 West York Street**  
**Norfolk, VA 23510-1114**

or

**Regional Director of Health Services**  
**NOAA - Marine Operations Center - Pacific**  
**1801 Fairview Avenue, East**  
**Seattle, WA 98102**

**Voice: 757/441-6463 Fax: 757/441-3760**

**Voice: 206/553-8704 Fax: 206/553-1112**

1. Name of Individual for whom this request applies (print or type):

2. Employing Agency: **National Oceanic and Atmospheric Administration**

3. Purpose or need for the disclosure (check one)

COMPENSATION CLAIMS(S)

OTHER HEALTH CARE PROVIDER

ATTORNEY

OTHER (Specify)

4. The extent, nature and purpose of information to be disclosed is specified below:

***All documents concerning the examination, results and diagnostic testing performed in the treatment and care of this patient.***

This authorization is subject to revocation at any time except to the extent that NOAA or the other programs specified to make the disclosure, has already taken action in reliance on it. If this authorization has not been revoked, or has not expired in accordance with the terms and duration provided above, it will expire upon termination of the agreement that authorized services provided for the subject individual's federal employer.

Any person who knowingly and willfully requests or obtains any record concerning an individual from a Federal agency under false pretenses shall be guilty of a misdemeanor and fined not more than \$5,000 (5 U.S.C 552a(i)(3)); in the case of alcohol and drug abuse patient records, a falsified authorization for disclosure is prohibited under 42 CFR 231 and is punishable by a fine of not more than \$500 for a first offense or a fine of not more than \$5,000 for a subsequent offense, in accordance with 42 CFR 2.4.

5. **PRINT NAME** of Individual:

6. **SIGNATURE** of Individual:

7. Date: