



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

THIS RELEASE FORM NEED ONLY BE COMPLETED BY LICENSED PHYSICIANS AND VETERINARIANS

Please return via facsimile to (860) 707-1931 or email to dph.healingarts@ct.gov.

CONSENT FOR RELEASE OF CONFIDENTIAL RECORDS

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

SEND VERIFICATION TO: _____
(Company Name and Address) _____

I understand that these records are confidential pursuant to the provisions of Connecticut General Statutes and may not be disclosed without my permission. This information will only be disclosed when this release is executed by me. Please honor a mechanically reproduced copy of this release.

Documents the department is not authorized to release include:

Signature

Date

Name – Printed or Typed

CT License Number

THIS RELEASE FORM IS FOR USE BY PHYSICIANS AND VETERINARIANS ONLY AND EXPIRES ONE YEAR FROM DATE OF SIGNATURE.