## **Driver Wellness & Safety Division Consent for Release of Confidential Information**

Please note the MVA is not responsible	le for any costs incurred as a result o	of this request.
To submit your forms electronically,	, please visit: https://mymva.marylar	nd.gov/go/web/DocUpload
Or submit by mail at: Motor Vehicle Administration, Division 6601 Ritchie Highway, NE, Glen Burni		n 124,
Driver License Number		Date
Last Name First	Middle	Date of Birth
I,	(Driver's name) authorize the provider(s) named below:	
Medical Provider/Hospital/Alc. Subs	stance Program/Eval	Phone Number
Address		
Medical Provider/Hospital/Alc. Substance Program/Eval		Phone Number
Address		
Medical Provider/Hospital/Alc. Subs	stance Program/Eval	Phone Number
Address		
Medical Provider/Hospital/Alc. Subs	stance Program/Eval	Phone Number
Address		
and/or alcohol/substance abuse disor	rder including diagnosis, treatment, h	on relative to treatment for physical, mental, lealthcare services, participation prognosis, ssist the MVA in determining my fitness to
Drug Abuse Patient Records, 42 CFR provided for in the regulations. I also $\ensuremath{\iota}$	Part 2, and cannot be disclosed with understand that I may revoke this cor	governing Confidentiality of Alcohol and nout my written consent unless otherwise nsent in writing at any time, except to the consent expires automatically one year from
Driver's Signature		Date
records whose confidentiality is protect	cted by the Maryland Motor Vehicle L h specific written consent of the pers	any further disclosures of information from Law governing Medical Advisory Board son to whom it pertains, or as otherwise of medical or other information is not