

Driver Wellness & Safety Division Consent for Release of Confidential Information

Please note the MVA is not responsible for any costs incurred as a result of this request.

To submit your forms electronically, please visit: <https://mymva.maryland.gov/go/web/DocUpload>

Or submit by mail at:

Motor Vehicle Administration, Division of Driver Wellness and Safety, Room 124,
6601 Ritchie Highway, NE, Glen Burnie, MD 21062

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. Substance Program/Eval Phone Number

Address

Medical Provider/Hospital/Alc. Substance Program/Eval Phone Number

Address

Medical Provider/Hospital/Alc. Substance Program/Eval Phone Number

Address

Medical Provider/Hospital/Alc. Substance Program/Eval Phone Number

Address

To disclose to the Motor Vehicle Administration (MVA), my health information relative to treatment for physical, mental, and/or alcohol/substance abuse disorder including diagnosis, treatment, healthcare services, participation prognosis, and rehabilitation. The purpose of this disclosure authorized herein, is to assist the MVA in determining my fitness to drive a motor vehicle.

I understand that my records are protected under the Federal Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent in writing at any time, except to the extent that action has been taken in reliance on it, and that any event this consent expires automatically one year from the date signed by the driver.

Driver's Signature Date

Prohibition of Re-disclosure: This Administration is prohibited from making any further disclosures of information from records whose confidentiality is protected by the Maryland Motor Vehicle Law governing Medical Advisory Board cases and by Federal Law, except with specific written consent of the person to whom it pertains, or as otherwise permitted by Federal Regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.