

Consent Form
Release of Confidential Disciplinary Records
*(Must be completed by each licensed behavioral health practitioner providing
Assessment Services)*

I hereby give my consent and authorization for the Department of Public Health, Division of Medical Quality Assurance, to confirm the existence of any pending complaints and to release any records of disciplinary actions to the Department of Children and Families or Advanced Behavioral Health.

Please list any documents that the Department is not authorized to release:

Signature

Date

Printed or Typed Name

Date of Birth

Address

Connecticut License Number

Expiration Date