

DSI Medical Services, Inc.

P.O. Box 2996, Warminster, PA 18974

(800) 770-0531

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize DSI Medical Services, Inc,* its Medical Reivew Officer, and staff to release the following information from the health record(s) of:

_____	_____
Patient's Name (print)	Social Security No.
_____	_____
Patient's Address	Date of Birth

INFORMATION TO BE RELEASED:

Drug Screen results (pertaining to DOT or company policy drug collections)
 Breath Alcohol results (pertaining to DOT or company policy breath-alcohol testing)
Covering the period(s) of service from: _____ to _____
(Date) (Date)

INFORMATION IS TO BE RELEASED TO:

AIM NationaLease / AIM Dedicated Logistics
1500 Trumbull Avenue, Girard, OH 44420

Purpose of Disclosure: Company Policy (Drug Free Workplace Program)

Expiration Date of Authorization:

This authorization is effective through ___/___/___ unless revoked or terminated by the patient or the patient's personal representative.

Right to Terminate or Revoke Authorization:

You may revoke or terminate this authorization by submitting a written revocation to us at the above address, *Attention: Compliance Officer*. Please understand that disclosures made in good faith may have already occurred in reliance on this authorization.

Potential for Re-disclosure (to AIM only):

Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. The privacy of this information may not be protected under the federal privacy regulations. This facility, its employees and officers, and providers are released from legal responsibility or liability for the release of the above information to the extent indicated and authorized herein. Information concerning substance abuse or HIV testing will not be requested or released without specific written authorization for the release of such information.

SIGNATURE/PATIENT REPRESENTATIVE:

PRINT NAME: _____ DATE: _____
RELATIONSHIP TO PATIENT: Self _____
WITNESS: _____ DATE: _____

****HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT****

**DSI Medical Services, Inc. acts as the Third Party Administrator for AIM's Drug and Alcohol Program*