

Medtox Direct Mail Consent Form

I, ______ authorize Medtox to send Chain of Custody Forms directly to my mailing address. This may mean that the Medtox logo appears on the outside of the mailing envelope.

My mailing address is:____

(Please type or print clearly above)

Signature of Licensee: _____ Date: _____

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This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulation (42 CFR, Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute the patient.

IBH Monitoring Programs 1220 SW Morrison, Suite 600 Portland, Oregon 97205 1.888.802.2843 Fax: 503-961-7142 www.hpspmonitoring.com