

Sample PRN Consent Form (as of 9/22/2026)

**Consent to Release Confidential Information
to the Florida Department of Health and Licensing Board**

Practitioner Name: [REDACTED] (“Practitioner”)

Date of Birth: [REDACTED] Social Security Number: [REDACTED] License Number: [REDACTED]

Profession: [REDACTED] Licensing Board: [REDACTED]

Records relating to the evaluation, treatment, or monitoring of Practitioner in the State of Florida’s impaired practitioner program (“Program”) may be confidential under Florida and/or federal law. Professionals Resource Network, Inc. (“PRN”) operates the Program for the State of Florida, acting as a consultant on practitioner impairment to the Florida Department of Health (“DOH”) and its related licensing boards. In this role, PRN is required to provide DOH and the Licensing Board with records relating to Practitioner in certain circumstances described in Section 456.076, Florida Statutes, and PRN’s contract with DOH. A copy of the PRN-DOH contract is available upon request from PRN or from the Florida Department of Financial Services at <https://facts.fldfs.com/Search/ContractSearch.aspx>. As a precondition to participating in the Program, Practitioner must consent to all such disclosures by PRN, which may be made in writing or verbally by PRN.

By signing below, Practitioner authorizes PRN to disclose any and all records in its possession relating to Practitioner to DOH and the Licensing Board or their designees for an administrative investigation or proceeding against Practitioner. This includes referral information, medical, psychiatric, and substance use disorder evaluation and treatment records, as well as all other information regarding Practitioner in the possession of PRN. By signing below, Practitioner releases PRN and its employees and other agents from any legal liability relating to the disclosure of such information and acknowledges and agrees that such information may become public as a result of PRN’s disclosure.

Without limiting the foregoing, Section 456.076, Florida Statutes, provides that if a practitioner is terminated from the Program for material noncompliance, inability to progress, or any reason other than successful completion of the Program, then PRN must disclose all information in its possession relating to the practitioner to DOH. If PRN concludes that impairment affects Practitioner’s practice and constitutes an immediate, serious danger to the public health, safety, or welfare, then PRN is required to immediately communicate such conclusion to DOH and disclose to DOH all information in its possession relating to Practitioner. Such a disclosure may then become the basis for an administrative investigation or proceeding by the DOH or Licensing Board against Practitioner.

Practitioner may revoke this Consent in writing to PRN at anytime except to the extent that PRN has already taken action in reliance on this Consent. Practitioner acknowledges and agrees that actions taken by PRN in reliance on this Consent include, but are not limited to, admitting Practitioner into the Program or entering into a participant contract with Practitioner, as well as reporting Practitioner to DOH or the Licensing Board. Accordingly, upon noncompliance with the Program, Practitioner cannot avoid a PRN report to DOH or the Licensing Board solely by attempting to revoke this Consent.

This Consent shall automatically expire one year from the date of Practitioner’s successful completion of the Program. Practitioner acknowledges they have read this Consent and voluntarily agree to all its terms as of the date below. Practitioner is entitled to a copy of this Consent. A copy of this Consent shall be as valid as the original.

Practitioner’s Signature

Date