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KENTUCKY BOARD OF NURSING

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Matthew G. Bevin
Governor

Waiver of Confidentiality

As a participant in the Kentucky Alternative Recovery Effort (KARE) for Nurses program of the Kentucky Board of Nursing, I acknowledge that my participation in the program is public to the extent allowed by law. Pursuant to KRS 314.171(10) I understand that the Board shall verify my participation in the KARE for Nurses Program.

I authorize the Kentucky Board of Nursing to inform the complainant who has reported me to the Board pursuant to KRS 314.031(4) that I am participating in the KARE for Nurses program. I acknowledge that such knowledge by the complainant is an important step in my recovery process.

I authorize the Kentucky Board of Nursing to acknowledge **only** my participation in the KARE for Nurses program upon request by an entity responsible for mandatory reporting of violations of KRS 314.031. Disclosure of my participation in the KARE program to any of these mandatory reporting entities will include a statement that these agencies are prohibited from further disclosure of my participation to anyone else.

This waiver is being given freely, willingly, and voluntarily without any threat of coercion. This consent will terminate when I am no longer a participant in the KARE program.

Participant

Date

Notary Public, State-at-Large

Date

My commission expires: _____

07/15/2016
PSS