

Employee Authorization for Release of Health Information

I, _____, hereby authorize the release, use, or disclosure of my health information as follows:
Employee

This authorization pertains to the following type of medical information about me:
(e.g., results of fitness-for-duty examination, drug test results for employment purposes, provider’s evaluation or notes supporting request for accommodation and/or FMLA leave, etc.)

I hereby authorize: Capital Medical Group / Health Works

To release the above – described information to _____
Name of individual (s) and/or organizations(s) receiving the information

I understand that this Authorization will permit the above – named parties to use or disclose the identified medical information for employment-related purposes beyond treatment, payment or healthcare operations as provided by the Health Insurance Portability & Accountability Act of 1996 (HIPAA)

I understand that I may revoke this Authorization at any time by providing written notification to:

Employer’s human resources manager or appointed privacy official

The revocation will be effective on the date it has been received and processed by the above – named recipient. I understand that the revocation does not apply to actions taken in reliance upon this Authorization prior to the effective date of revocation.

This Authorization shall remain in effect during my employment with _____
and for a period of six months thereafter. Company Name

I understand that the information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the named recipient, and may no longer be protected by HIPAA’s privacy rules after the authorized disclosure.

Employee’s Printed Name: _____ Date: _____

Employee’s Signature: _____ Date: _____

Employee’s Personal Representative (if applicable)

Signature of Employee’s Representative: _____

Employer Information (Employer to fill out)

Company Name: _____

Recipient of Authorization (print name): _____

Title: _____ Date Received: _____

Check here to indicate that a copy of signed Authorization was given to Employee.