Appendix A to §1910.1020 - Sample Authorization Letter For The Release Of Employee Medical Record Information To A Designated Representative (non-mandatory)

I, (full name of worker/patient) _____,

hereby authorize (individual or organization holding the medical records) _____

to release to (individual or organization authorized to receive the medical information) _____,

the following medical information from my personal medical records: (Describe generally the information desired to be released.)

_____

I give my permission for this medical information to be used for the following purpose: _____

but I do not give permission for any other use or re-disclosure of this information.

(**Note:** Several extra lines are provided below so that you can place additional restrictions on this authorization letter if you want to. You may, however, leave these lines blank. On the other hand, you may want to (1) specify a particular expiration date for this letter (if less than one year); (2) describe medical information to be created in the future that you intend to be covered by this authorization letter; or (3) describe portions of the medical information in your records which you do not intend to be released as a result of this letter.)

_____

Full name of Employee or Legal Representative

_____ Date of Signature _____/_____/_____

Signature of Employee or Legal Representative

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