

Appendix A

**Sample Authorization Letter for the Release of Employee
Medical Record Information to a Designated Representative**

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. You may want to place additional restrictions on this authorization letter. For example, 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.) [Your right of access to a specific written consent form submitted to your employer is provided by section 3204(e)(1)(D).]

Full name of Employee or Legal Representative

Signature of Employee or Legal Representative

Date of Signature ____ / ____ / ____