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)
the following medical information from my personal medical records: (Describe generally the information desired to be released.)
the following medical information from thy personal medical records. (Besonbe generally the information desired to be released.)
Lating any pagestration for this modified information to be used for the fallowing purpose.
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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