



## Authorization Letter

### Release of Employee Medical Record Information to a Designated Representative.

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_,  
(Print full name) (Individual Org. holding the medical record)

to release to \_\_\_\_\_, the following medical  
(Individual or Organization. authorized to receive the medical information)

information from my personal medical records:

(Describe below the general information desired to be released):

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

\_\_\_\_\_

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

**Note:** Extra space is provided below so that you can place additional restrictions on your authorization letter if you want to. You may, however, leave this space blank. On the other hand, you may want to (1) specify a particular expiration date of this letter, (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 you do not intend to be released as a result of this letter.

Full Name of Employee or Legal Representative: \_\_\_\_\_ (Print)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Employee or Legal Representative: \_\_\_\_\_

Signature of Employee Receiving Document: \_\_\_\_\_