Medical Records Release Form

In compliance with the Bloodborne Pathogens Standard, Final Rule, December 6, 1991, a medical record is maintained on each employee with occupational exposure. These records are also maintained in accordance with 29 CFR 1910.1020, along with any record of toxic exposure.

The following statement is an authorization for release of the undersigned employee's medical records to the indicated representative:

I, _____ hereby authorize my
name of employee

employer _____ to release
name of employer

to _____ the following
individual or organization to receive medical record information

information from my employee medical records: _____

_____

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

_____

_____,

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

- This authorization will expire at the end of the calendar year of your last signature below, unless you specify an earlier termination. You must renew or submit a new authorization after the expiration date to continue the authorization.
- You have the right to terminate this authorization at any time by submitting a written request to our Privacy Manager. Termination of this authorization will be effective upon written notice, except where a disclosure has already been made based on prior authorization.
- We have no control over the person(s) you have listed to receive your protected health information (PHI). Therefore, your PHI disclosed under this authorization may no longer be protected by the requirements of the Privacy Rule, and will no longer be the responsibility of the employer.

_____

Full name of employee or legal representative Date

_____

Signature of employee or legal representative Date

Form 105