Medical Authorization For Use and Disclosure of Health Information

SALT LAKE CITY SCHOOL DISTRICT
Your Best Choice

MEDICAL/HEALTHCARE INFORMATION RELEASE FORM

I,_____,_____
(Patient Name) (Date of Birth)

hereby authorize and direct _____to
(Medical Provider or Facility)

discuss with Salt Lake City School District, Human Resource Services, any information in their possession relevant to the following condition (list condition(s) or diagnosis) for the purpose of evaluating my request for accommodation.

A complete photocopy of this authorization shall be accepted as if it were a signed original and is valid from the date of this release until the district completes its evaluation of my request for accommodation of this condition.

I release my medical provider_____from any liability associated with the disclosure of confidential or privileged medical/healthcare information. I understand that the Salt Lake City School District, HRS office cannot properly evaluate my request for accommodation unless I sign this release and that any information disclosed under this release could potentially be subject to re-disclosure by the recipient and no longer protected by federal privacy regulations.

I understand that I can revoke this release in writing at any time by sending a written revocation of authorization to:

Salt Lake City School District, HRS
Compliance ADA/FMLA/LEAVE Specialist
440 East 100 South, Room 120
Salt Lake City, Utah 84111

However, I understand that my revocation will not be effective to the extent that action has been taken in release. By signing this release, I represent that I have read the information, understand it, and am in agreement with the authorization I now make.

_____ _____
(Signature) (Date)

Please provide name and contact information for your medical provider or treatment facility. If you would like the HRS office to contact more than one provider, please print and complete a Medical Release Form for each provider:

Medical Provider's Name: _____

Address: _____

_____

Telephone: _____

Email: _____

440 East 100 South, Salt Lake City, Utah 84111 | www.slcschools.org | Phone: 801.578.8340 | Fax: 801.578.8598