

SAMPLE RELEASE FORM

Date:

To: (Name of Person Possessing Information)
Title: (Title)
Company: (Company Name)
Address: (Address)
(City, State, Zip)
Phone: (Phone)

Release to: (Name of Person to Whom Information is Released)
Title: (Title)
Union: (Union and Local)
Address: (Address)
(City, State, Zip)
Phone: (Phone)

Release from: (Name of Person Releasing Information)
SSN: (Social Security Number)
DOB: (Date of Birth)

RELEASE FORM

I hereby authorize and request the above-named person or organization, in possession of records pertaining to me, to disclose to and permit copying by the authorized representative named above, or to mail to same, copies of any and all records and information which you may have in your possession.

These records may include, but are not limited to, the following:

1. Any hospital records or records of physicians, nurses, or other health care personnel or technicians, including, but not limited to:
 - a. Medical and employment questionnaires or histories (including job description and occupational exposures);
 - b. The results of medical examinations (Pre-employment, pre-assignment, periodic, or episodic) and laboratory tests (including X-ray examinations and all biological monitoring);
 - c. Medical opinions, diagnoses, progress notes, and recommendations;
 - d. Description of treatments and prescriptions;

- e. Employee medical complaints;
 - f. Biological monitoring results; and
 - g. Any Employer's or Doctor's First Report of Occupational Injury or Illness.
2. Any records of an industrial hygienist, safety consultant, or other health or safety technician, including, but not limited to:
 - a. Environmental or workplace monitoring or measuring;
 - b. Biological monitoring results; and
 - c. Any reports or studies of the work environment, including, but not limited to, recommendations for engineering controls, changes in work practices, protective equipment; and
 - d. Any notes of conversations or phone calls, any letters or memoranda, or any other notes concerning any of the items noted in a, b or c above.
 3. Any records concerning any health insurance claims, including, but not limited to:
 - a. My claim file, which may include some or all of the items referred to in 1 and 2 above;
 - b. Financial information concerning my claim.

I understand this information will be used for (describe purpose).

In consideration of such disclosure by the above-named person or organization to my representative, and in consideration of any subsequent disclosure by my representative in furtherance of any claim or case in my behalf or which may benefit me, I hereby release them from any and all liability arising therefrom.

This release shall not be construed as a waiver of any Constitutional rights and is NOT a consent to the disclosure of any of the above information to anyone who wishes to use it in violation of any of my Constitutional rights, or to anyone who I have not specifically authorized to receive the information.

Signed this _____ day of _____, 200__ ,
 in the City of _____ ,
 County of _____ ,
 State of _____ .

 (Name of Person Releasing Information)