



FOH

Federal Occupational Health
a component of the US Public Health Service



AUTHORIZATION FOR DISCLOSURE OF INFORMATION

(Pursuant To The Privacy Act of 1974, 5 U.S.C. 552a, 29 CFR 1910.1020, and 42 CFR Part 2)

(The release of information about a patient who is treated or referred for treatment for alcohol or drug abuse, or the medical results of such abuse, is governed by the Confidentiality of Alcohol and Drug Abuse Patient Record Regulations, 42 CFR Part 2).

TO: **Treating Medical Care Provider**

| | |
|-----------|---------|
| _____ | _____ |
| (name) | (phone) |
| _____ | _____ |
| (address) | (fax) |

You are hereby authorized to furnish information **from** the record of the individual named below which is in the record system of your facility, and release it **to**:

A Federal Occupational Health Physician

1. Name of employee or subject individual (print or type)

2. Agency

US Department of Energy

3. Purpose or need for the disclosure (please check)

- COMPENSATION CLAIM(S)
- OTHER HEALTH CARE PROVIDER
- ATTORNEY
- SICK LEAVE, FAMILY MEDICAL LEAVE,
OR REASONABLE ACCOMMODATION

4. Specify extent and nature of information to be disclosed for each purpose or need indicated, and SPECIFY inclusive dates: from _____ to _____

The Federal Occupational Health physician is requesting medical information supporting the employee's request for sick leave, Family Medical Leave, accommodation under the Rehabilitation Act, or other personnel benefits. Information discussed is to be confidential. However, relevant information may be shared with supervisors/managers concerned with the above, personnel who may provide first aid and emergency treatment, and government officials investigating compliance with the ADA.

This authorization is subject to revocation at any time except to the extent that DFOH or the other program specified which is to make the disclosure has already taken action in reliance on it. If this authorization has not been revoked otherwise, or has not expired in accordance with the terms of the duration statement provided above, it will expire upon the termination of the interagency agreement that authorized the services provided by Federal Occupational Health for the subject individual's federal employer.

Any person who knowingly and willfully requests or obtains any record concerning an individual from a Federal agency under false pretenses shall be guilty of a misdemeanor and fined not more than \$ 5,000 (5 U.S.C 552a(i)(3)); in the case of alcohol and drug abuse patient records, a falsified authorization for disclosure is prohibited under 42 CFR 2.31 and is punishable by a fine of not more than \$500 for a first offense or a fine of not more than \$5,000 for a subsequent offense, in accordance with 42 CFR 2.4.

5. Print Name of Client/Subject Individual:

6. If other than subject, indicate relationship or authority

7. Date of signature 8. Date of Birth 9. Last 4 SSN:

9. Kaiser-Permanente Number (if applicable)

10. Signature of Client/Subject Individual: