



AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Today's Date: _____

Patient's Name: _____

Physician's Name: _____

Physician's Address: _____

Physician's Phone #: _____ Fax #: _____

TO WHOM IT MAY CONCERN:

You are hereby expressly authorized to release and furnish to the Office of Employment Services and Operations at the University of Houston-Downtown any and all requested medical information that reasonably pertains to, and substantiates the physical and/or mental condition, which is the basis of my extended sick leave request. This includes current and future medical information which is reasonably related to, and substantiates the illness or injury/injuries, which form the basis of my request.

I intend for the Office of Employment Services and Operations at the University of Houston-Downtown to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This authorization for release of information applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This authority given the Office of Employment Services and Operations at the University of Houston-Downtown shall supersede any prior agreement that I may have made with my health care providers to restrict access to or disclosure of my individually identifiable health information. This authority given by me to the Office of Employment Services and Operations at the University of Houston-Downtown shall expire on the earlier of 60 days from the date of my signature below, or the date on which I revoke this authorization in writing and deliver it to my health care provider.

I understand that the information to be released may include, but is not limited to: history, diagnoses, and/or treatment of drug or alcohol abuse, mental illness, or communicable disease, including Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS).

Patient's Signature: _____ Date: _____

Photo copies of this signed authorization will be considered as valid as the original.

Thank You,

Employment Services and Operations