

Sample: Authorization Letter for Release of Medical Information

Use with Employee Medical and Exposure Records, Chapter 296-802 WAC

I, _____ (Employee or employee's legal representative)
hereby authorize _____ (Name of employer) to release to
_____ (Individual or organization authorized to receive the medical
information) the following information from my personal medical records:

(Specify the information to be released)

I give my permission for this medical information to be used only for the following purposes:

(Specify any conditions for release of medical information)

This authorization will expire in 90 days from date of signature unless a shorter period is designated.

Alternate expiration date (less than 90 days) _____

Full Name of Employee or Legal Representative

Signature of Employee or Legal Representative

Date of Signature

