

METRO NASHVILLE
AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

I _____ (Employee name) hereby authorize the use or disclosure of my health information as described in this authorization.

(1) _____ is hereby authorized to provide the information;

(2) Metropolitan Government of Nashville, Human Resources Department, (Metro HR) and/or my department HR Coordinator is hereby authorized to receive and use the information;

(3) The information to be released herein is as follows: All records related to the employee/patient's health condition which is the subject of the employee/patient's request for Family and Medical Leave pursuant to the FMLA, or which relate to the employee/patient's need to submit a Fitness For Duty statement from his/her health care provider in order to be approved to return from approved FMLA Leave. Records related to treatment for previous, un-related conditions are not subject to this Release.

(4) The purpose of this request is the following: To provide all information necessary to assist Metro HR in its effort to evaluate and process the employee/patient's request for FMLA Leave, or to assist Metro HR in its effort to evaluate and process the employee/patient's Fitness for Duty at the conclusion of approved FMLA Leave.

(5) I understand that I have the right to revoke this authorization at any time by notifying Metropolitan Government of Nashville in writing directed to: Metro Human Resources, 222 3rd Avenue North Suite 200, Nashville, TN 37201. I understand that the revocation is only effective after it is received and logged by Metropolitan Government of Nashville. I understand that any use or disclosure of the information under this authorization made prior to the effective date of the revocation will not be affected by the revocation.

(6) I understand that Metro HR and/or my department HR Coordinator will be unable to process and approve or deny my request for FMLA leave unless I authorize the release of the requested information. _____ (Initials).

(7) I understand that I am entitled to receive a copy of this authorization.

(8) I understand that this authorization will expire: _____ (One year from date of first absence).

(9) I agree and understand that a photocopy or facsimile copy of this authorization will be as valid as the original.

Signature of Employee: _____ (Name) (Date)

(If a personal representative of the individual executes this form, that representative warrants that he/she has authority to sign this form on the basis of the following: _____.)

Notes for Use of HIPAA Authorization

Item No.

- 1 The specific person/ organization or class of persons authorized to provide the information should be clearly identified.

- 2 The specific person/ organization or class of persons authorized to receive and use the information should be identified.

- 3 A specific and meaningful description of the information to be released has been provided, for FMLA purposes. If this form is used for other purposes, a specific description of the information needed for such purposes should be provided. For example, medical examination report and conclusions related to a non-FMLA fitness-for-work exam, or results of drug testing for employment related purposes.

- 4 The purpose of the request has been stated.

- 5 This explains to individual that he/she has a right to revoke the authorization, but any revocation must be in writing and will not be effective until after it is received by Metro HR. Further, any use or disclosure of the information prior to the effective date of the revocation will not be affected by the revocation.

- 6 This states the consequences of refusing to sign the authorization. The consequences are simple for FMLA – no authorization signed means no request for leave is processed – period.

- 7 This informs the individual that he/ she has a right to a copy of the signed authorization.

- 8 This sets forth an expiration date for the authorization. Once the employee’s FMLA “year” expires, i.e. one year from their first date of absence, that year is over, and we’d have no need to continue the release. The employee has either used all their FMLA leave or been deemed fit for duty etc.

Form must be signed and dated