

APPENDIX A TO §1910.1020—SAMPLE AUTHORIZATION LETTER FOR THE RELEASE OF EMPLOYEE MEDICAL RECORD INFORMATION TO A DESIGNATED REPRESENTATIVE (NON-MANDATORY)

I, \_\_\_\_\_ (full name of worker/patient), hereby authorize \_\_\_\_\_ (individual or organization holding the medical records) to release to \_\_\_\_\_ (individual or organization authorized to receive the medical information), the following medical information from my personal medical records:

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(Describe generally the information desired to be released)

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

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but I do not give permission for any other use or re-disclosure of this information.

NOTE: Several extra lines are provided below so that you can place additional restrictions on this authorization letter if you want to. You may, however, leave these lines blank. On the other hand, you may want to (1) specify a particular expiration date for this letter (if less than one year); (2) describe medical information to be created in the future that you intend to be covered by this authorization letter; or (3) describe portions of the medical information in your records which you do not intend to be released as a result of this letter.)

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Full name of Employee or Legal Representative

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Signature of Employee or Legal Representative

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Date of Signature

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| <p style="text-align: center;"><b>PAPERWORK REDUCTION ACT STATEMENT</b></p> <p>Under the access to employee exposure and medical records standard, employers must, upon request, assure the access of each designated representative to the employee medical records of any employee who has given the designated representative specific written consent (29 CFR 1910.1020(e)(2)(ii)(B)). Appendix A of the standard contains a sample form which may be used to document written consent for access to employee medical records. According to the Paperwork Reduction Act, an Agency may not conduct or sponsor, and no persons are required to respond to, a collection of information unless such collection displays a valid OMB control number. Use of this sample form is entirely optional. This sample form will assist employers to ensure compliant records access documentation. OSHA estimates employer burden for the completion of this collection of information is 5 minutes (.08 hours) per request. These estimates include the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and, completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to <a href="mailto:OSHAPRA@dol.gov">OSHAPRA@dol.gov</a> or to OSHA's Directorate of Standards and Guidance, Department of Labor, Room N-3718, 200 Constitution Ave., NW, Washington, DC; 20210; Attn: Paperwork Reduction Act Comment. (This address is for comments regarding this form only; <b>DO NOT SEND ANY COMPLETED SAMPLE FORM TO THIS OFFICE.</b>)</p> <p style="text-align: center;"><i>OMB Approval# 1218-0065; Expires: 00-00-0000</i></p> |
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