T3

Health Services
LOS ANGELES COUNTY

EMPLOYEE HEALTH SERVICES

COUNTY WORKFORCE MEMBER AUTHORIZATION TO RELEASE EHS HEALTH INFORMATION

1. WORKFORCE MEMBER INFORMATION:

LAST NAME:	FIRST, MIDDLE NAME:	BIRTHDATE:	EMPLOYEE NO.:
JOB CLASSIFICATION:	DEPARTMENT:		WORK FACILITY:

2. HEREBY AUTHORIZES FACILITY TO RELEASE AND/OR DISCLOSE:

☐ High Desert ☐ HSA ☐ LAC+USC ☐ MLK-MACC
☐ Harbor-UCLA ☐ Olive-View/UCLA ☐ Rancho ☐ Juvenile Court
☐ CHC/HC (Specify): _____ ☐ Other _____

3. TO RELEASE HEALTH RECORDS TO:

NAME OF FACILITY /PROVIDER/SELF:	EMAIL/PHONE/FAX:

4. **THIS AUTHORIZATION IS LIMITED to the following:**
   ☐ Laboratory ☐ Immunization ☐ TST/IGRA ☐ Other:__________ Date: _____

5. **ALL RECORDS PERTAINING TO HIV/AIDS will not be released unless specifically mandated by statue or authorized below in writing.** ☐ HIV/AIDS related illness/testing can be released.
   Signature:____________________________ Date: ________

6. **PURPOSES:** The requestor may use EHS health records and the information authorized for the following purposes: ☐ Personal ☐ Legal ☐ Military ☐ Other: ________

7. **DURATION:** This authorization shall remain in effect for one year from the date of signature unless a different date is specified here______________(Date).

8. **RESTRICTIONS:** The requestor may not further use/disclose the health information unless another authorization is obtained or unless such disclosure is specifically required or permitted by law.

9. **SIGNATURE:** I may refuse to sign this authorization without affecting ability to obtain employee health services, but may affect my eligibility for employment or continued service with the County.

10. **PERSONAL COPY/REVIEW:** I have a right to receive a copy/review of authorization upon request.

11. **RIGHT TO REVOKE:** At any time this may be revoked by submitting a request in writing.

Accordance with conditions listed above, I authorize the use and/or disclosure of my EHS health information.

COUNTY WORKFORCE MEMBER OR RESPONSIBLE PERSON SIGNATURE		DATE	TIME
WITNESS SIGNATURE	RELATIONSHIP TO WORKFORCE MEMBER	DATE	TIME