Consent - Preplacement Exam

1. I authorize the Occupational Health provider to release to my employer, prospective employer, as well as any of their authorized agents, any and all information from my records which may be relevant to work fitness. I understand the purpose of such disclosure is to allow the employer to understand work restrictions, if any, and for billing purposes. Since I am voluntarily participating in this program to meet the requirements of my employer/prospective employer, I release the Occupational Health provider and its employees and agents of any liability arising out of my participation in this program. This consent may be revoked by me at any time except to the extent that action has been taken in reliance thereon.

_____ _____

Signature of Patient Date

Parent or Legal Guardian, if applicable _____ Date _____

NOTICE TO RECEIVING AGENCY/PERSON

This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.