



County of Marin

Authorization to Release Medical Information Form

Human Resources Department

PMR 46 – Personnel Records and Files

I, _____, am an employee of the County of Marin, Department of _____. I hereby authorize: Name of Disclosing Party or Physician: _____, Address: _____, Phone: _____ to release records and information regarding my medical and/or psychological ability to perform my duties as _____ with the County of Marin, to the County of Marin and/or its medical provider.

This authorization is limited to the following types of information (e.g. information related to a specific condition):

The recipient of this information may use it for the following purpose(s):

[e.g., to assess reasonable accommodations]

Duration: I understand that this authorization shall become effective immediately and shall remain in effect until _____ or for one year from the date of signature.

Revocation: This authorization is also subject to written revocation by me at any time between now and the disclosure of information by the disclosing party. My written revocation will be effective upon receipt but will not be effective to the extent that the County or its agents have acted in reliance upon this Authorization.

Redisclosure: I understand that the County may not lawfully further use or disclose the health information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

Privacy: I understand that any information provided will not be included as part of my personnel file with the County but will be retained separately and in a locked file in the Human Resources Department.

I understand that I have the right to receive a copy of this authorization upon my request. By placing my initials in the margin to the right of this clause, I hereby acknowledge that a copy of this authorization has been received.

Date: _____ Signature: _____

Please return this form, marked Confidential, to:

Director of Human Resources
County of Marin
3501 Civic Center Drive, Room 403
San Rafael, CA 94903-4177
Phone (415) 499-6114, Fax (415) 499-6108