



Department of Civil Service

55 Mohawk Street, Cohoes, NY 12047

Authorization for Release and Disclosure of Medical Information to a State Agency

EHS-742.4 (4/18 L)

(Please Print Clearly)

INFORMATION CONCERNING

Form with fields for Last Name, First Name, M.I., Social Security #, Street Address, City or Post Office, State, and Zip Code.

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION - The information you provide on this form is being requested for the principal purpose of conducting a physical, medical and/or mental evaluation...

AUTHORIZATION FOR RELEASE AND DISCLOSURE OF PHYSICAL, MEDICAL AND/OR PSYCHIATRIC INFORMATION TO APPROPRIATE AGENCY

I, _____, authorize the Department of Civil Service to send the following medical records: (Print Client's Name)

- Any and all medical information and/or records
EHS medical/nursing records of: _____ (Date(s))

TO: (Please check appropriate box(s))

- Department of Correctional Services, Building 2, State Campus, Albany, NY 12226
Workers' Compensation Board, 111 Livingston Street, Brooklyn, NY 11201
State Insurance Fund, 199 Church Street, New York, NY 10007

THESE RECORDS WILL BE USED FOR:

- Determining your fitness to perform the essential duties of your present or former position or of the position to which you are applying.
Determining your functional limitations if you have requested accommodations pursuant to the A.D.A.
Determining whether you have suffered any adverse health effects as a result of your workplace exposures and/or your ability to use personal protective gear and/or your ability to participate in various programs and/or training activities.
Other: _____

This information may be re-disclosed by the recipient and no longer be protected under federal law.

This authorization expires in 90 days or on: _____. You may revoke this authorization by writing to the EHS Privacy Official at the address at the top of this page unless the EHS has already released or disclosed the information for the purpose(s) noted above. Please make sure you receive a copy of this authorization after you sign it.

Authorized Signature: _____ Date: _____

Copies:

EHS (White)

CLIENT (Yellow)