Employee Benefits
Department of Human Capital Initiatives
131 West Broad Street, Rochester, NY 14614
(585) 262-8206 Fax: (585) 295-2614

EMPLOYEE'S AUTHORIZATION TO DISCLOSE HEALTH INFORMATION
(Pursuant to HIPAA)

INSTRUCTIONS:

To the Employee: The Health insurance Portability and Accountability Act of 1996 (HIPAA) set standards for guaranteeing the privacy of individually identifiable health information and the confidentiality of patient medical records. By completing and signing this form, you authorize your health care provider to file medical reports with the parties that you choose (Such as your employer's insurance carrier/claims administrator, your attorney or representative, etc.) by checking the appropriate boxes below.

You have the right to refuse to sign this authorization. If you sign you have the right to revoke this Authorization at any time by mailing a request to revoke to the health care provider. You have the right to receive a copy of this Authorization.

Employee's Name	Employee's Social Security Number	Employee's Date of Birth

I,_____ hereby authorize my treating health care provider(s) to disclose my health information:

_____

_____

_____

This information can be disclosed to the following parties: (check all that apply, give names and addresses, if known)

☒ Rochester City School District

☐ My attorney/licensed representative _____

☐ The Uninsured Employer's Fund (this fund is responsible for paying the medical bills and lost wage benefits when an employer is uninsured.)

Redisclosure: I understand that once the above-referenced health care provider discloses health information based on this Authorization, that health information is no longer protected by HIPAA and the Privacy Rule.
Expiration Date: The authorization will expire 6 months from the date.

I have had the opportunity to review and understand the content of this Authorization. By signing this Authorization, I confirm it accurately reflects my wishes.

_____ _____ _____
Printed Name of Employee Signature of Employee Date

The Genetic Information Nondisclosure Act of 2008 (GINA) prohibits employers and other entitles covered by GINA Title II from requesting or requiring genetic information of an individual or the individual's family member, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by the law, includes an individual's family medical history, the results of an individual's or family member's genetic test, the fact that an individual or a family member sought or received genetic services, and genetic information of a fetus carried by an individual or individual's family member, or an embryo lawfully held by an individual or family member receiving assistive reproductive services.