

**HIPAA Compliance Form
Release of Health Information**

Date: _____

Employee Name: _____

The first-ever federal privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers took effect on April 14, 2003.

Developed by the Department of Health and Human Services (HHS), The Health Insurance Portability and Accountability Act of 1996 (HIPAA) includes provisions designed to protect the security and confidentiality of health information.

We are required by law to protect the privacy of health information about our employees. Individuals who are under consideration for employment by Montgomery County Government are required to sign this form allowing Risk Management to send pre-employment medical reports and information that will assist in the employment process.

This form is to be kept with the employment application and available to Risk Management should it be requested. Should you have any questions, please feel free to call 648-5715. Thank you for your cooperation.

Sincerely,

Lynn Mosteller

Lynn Mosteller
Risk Manager

AUTHORIZATION FOR MEDICAL INFORMATION

RE: Name: _____
Date of Birth: _____
SS#: _____

Release records to: _____

Consent:

This information is intended for use by the above named recipient only. I am aware that records released may contain information relating to psychiatric or psychological testing, physical abuse, or drug and alcohol abuse. This authorization will expire exactly one year from the date of my signature. I have the right to receive a copy of this authorization. I may revoke this authorization at any time in writing. I understand that information used or disclosed under this authorization may be subject to re-disclosure by the recipient without being further protected under the HIPAA rules.

Signature of Employee: _____ Date: _____

Witnessed By: _____ Date: _____