

# Authorization to Release Medical Information Form

## Please return completed form to Health & Recovery Services via:

Internal Mail (OCS): Dunsmuir 10; or

Confidential Fax: 604 623 4437; or

Email: [recoveryservices@bchydro.com](mailto:recoveryservices@bchydro.com)

The information you provide in this form is collected, used and disclosed in accordance with the provisions of the Freedom of Information and Protection of Privacy Act and under the authority/requirements of the relevant legislation, for the purpose of administering all personnel and employment matters related to you. If you have any concerns in regards to the collection of this information, please contact Health & Recovery Services at **604 623 4393** or via email [recoveryservices@bchydro.com](mailto:recoveryservices@bchydro.com).

## Employee Consent:

I, \_\_\_\_\_ (Employee Name), authorize my health care provider(s) to disclose the information in the Attending Physician Statement and Functional Assessment Form relating to my current medical condition to the BC Hydro Recovery Service staff.

~~I authorize the BC Hydro Recovery Services staff to share my medical reports, discharge summaries and relevant employment related information with other physicians for assessment purposes; this may include my family physician, an independent medical specialist, occupational health physician and/or treatment facility.~~

BC Hydro and its agents (specifically Health & Recovery Services, legal counsel and Employee Relations) may use my personal and medical information to administer my claim for sick leave, workplace accommodation, return-to-work plan, and/or any litigation, grievance or arbitration relating to my claim.

BC Hydro Recovery Services staff may only disclose functional information relating to my current medical condition to my manager, or other members of management and human resources who require information for workplace purposes. They will not disclose any additional medical information without my further consent.

Employee Name (print): \_\_\_\_\_

Employee IDN: \_\_\_\_\_

Employee Telephone (work): \_\_\_\_\_ (home): \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date (mm/dd/yyyy): \_\_\_\_\_

