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- **Part Number:** 1910
  - **Part Title:** Occupational Safety and Health Standards
  - **Subpart:** Z
  - **Subpart Title:** Toxic and Hazardous Substances
  - **Standard Number:** 1910.1020 App A
  - **Title:** Sample authorization letter for the release of employee medical record information to a designated representative (Non-mandatory)
  
  - **GPO Source:** [e-CFR](#)
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I, \_\_\_\_\_, (full name of worker/patient) hereby authorize \_\_\_\_\_  
\_\_\_\_\_ (individual or organization holding the medical records) ~~to~~ re  
lease to \_\_\_\_\_ (individual or organization authorized to recei  
ve the medical information), the following medical information  
~~from~~ my personal medical records:

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(Describe generally the information desired to be released).

I give my permission for this medical information to be used for  
~~the~~ following purpose:

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~~but~~ I do not give permission for any other use or re-disclosure of  
this information.