

This is a sample. Your actual document will vary depending on the answers you provide to the form questions.

AUTHORIZATION FOR EMPLOYER TO RELEASE MEDICAL INFORMATION

(California Civil Code section 56 - Confidentiality of Medical Information Act)

I, the undersigned, hereby authorize the release of Joe Jones (the "Patient") medical information as follows:

1. The employer or person authorized to disclose the Patient's medical information is:

Corporate America
4321 Side Street
Downsouth, CA 94321

2. The person or entity authorized to receive the Patient's medical information is:

Danny Director
1234 Right Road
Upnorth, CA 97001

3. The medical information to be released is: Complete Medical Record.

This sample represents only part of a completed document. The remainder of the document has intentionally been omitted.