HIPAA Authorization for Release of Information to UCA For Family Medical Leave Act (FMLA) Purposes Only

I, _____

Print Name of Patient or Patient's Legal Representative Authorized to Act on Behalf of the Patient

hereby authorize the following healthcare provider to release to UCA the health information as stated below.

Health Information From:

Physician/Clinic/Healthcare Provider (name and address) _____

_____

Phone _____

Health Information About:

Patient Name _____

Employee Name (if different from patient): _____

Purpose of Release: Leave requested under FMLA based on health condition of

____ self ____ child____ spouse____ parent (check one)

Release to: **University of Central Arkansas (UCA)**

Human Resources

201 Donaghey Ave

Wingo 106

Conway, AR 72035

Phone (501) 852-2562 Fax (501) 450-5088

Information to be released: Information is to be limited to reason employee is requesting leave under FMLA.

Expiration of Authorization: This authorization will expire one year from the date on which it is signed or when I am no longer requesting leave under FMLA, whichever is later.

Withdrawal of Authorization: I understand that I may withdraw or revoke this authorization at any time by giving written notice to my healthcare provider designated above. A withdrawal of this authorization will not apply to records/information already released in reliance upon the authorization.

Re-disclosure: I understand that once the above information is disclosed, it may be re-disclosed by the designated recipient and the information may no longer be protected by Federal privacy laws and regulation.

A photocopy or faxed copy of this signed authorization shall constitute a valid authorization.

I understand that the healthcare provider who is releasing this information to UCA/ my employer will not condition my treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization.

_____ _____

Signature of Patient of Patient's Legal Representative Date

If Legal Representative is signing for patient, state the relationship/authority of Legal Representative:

_____

(Such as parent of minor, court-appointed guardian)