INDUSTRIAL HEALTH COUNCIL

HIPAA COMPLIANT AUTHORIZATION TO RELEASE INFORMATION

Please release the following Record:

All Information is Required for Record Transfer

Name: _____ DOB: _____
Last First MI

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Employee #: _____ SS#: _____

Company: _____ Plant: _____ Job Title: _____

Today's Date: _____ Submitted by: _____

Tests Requested for this employee: _____

TESTS REQUESTED FOR TRANSFER IN THIS RECORD

❒Chest Xray
- ❒Analog Film
- ❒Digital File
- ❒Xray Reports

Dates of Xrays Requested:	Plant Location of Xray by Date:

HIPAA COMPLIANT AUTHORIZATION TO RELEASE INFORMATION

Please release the following Record:

All Information is Required for Record Transfer

❒Hearing Tests

Hearing Baseline Date: _____ Number of Hearing Tests Since Baseline: _____

Plant Location of Each Hearing Record	Regulatory Agency for Each Record
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ADDITIONAL TEST RECORDS

Date	Date
❒PFT _____	❒Hemoglobin _____
❒Vision _____	❒Urinalysis _____
❒EKG _____	❒Lab Analysis _____
❒Blood Sugar _____	❒Lipid Profile _____

EXPIRATION DATE OF AUTHORIZATION

This authorization is effective through _____ unless revoked or terminated earlier by the patient or patient's representative. You may revoke or terminate this authorization by submitting a written revocation to Industrial Health Council.

FEES FOR COPIES

Federal and State Law permits a fee to be charged for the copying of patient records. $5 search fee per record. $1 for the first 25 pages of a single record and $.50 for every page thereafter. $25 per X-Ray dupilcate disc. Industrial Health Council will send an invoice to be pre-paid by check.