

**Shawnee Mission Medical Center**  
**Release of Information/Employee Health**  
9100 W. 74<sup>th</sup> Street  
Shawnee Mission, KS 66204  
Phone: 913-676-2117 Fax: 913-789-3207

Employee Name: \_\_\_\_\_  
Employee: \_\_\_\_\_ or Nonemployee \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

The undersigned hereby authorizes and requests that Shawnee Mission Medical Center Employee Health:

Release Records to:  Obtain Records From:

Facility/Party: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email#: \_\_\_\_\_

Please Include the Following Information:

TB Skin Test  Vaccinations  
 Chest X-ray Report  Lab Tests (Hepatitis B Antibody, Rubeola, Mumps, Rubella  
Varicella Zoster)  
 Other: \_\_\_\_\_

Date(s) of Employment: \_\_\_\_\_

The above information is to be released for Employment purposes.

I understand that my medical records (including psychiatric, alcohol abuse and drug abuse information as well as information regarding the diagnosis / treatment of HIV, or other sexually transmitted diseases) may be protected by Federal Regulations. I also understand that I may revoke this consent at any time, except to the extent that action has been taken in reliance on it (e.g. probation, parole, etc.) and that in any event this consent automatically expires as described below.

Expiration Date: Specifications of the date, event or condition upon which this consent expires: (if left blank this consent expires within one year of the date it was signed.)  
\_\_\_\_\_ indefinitely \_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

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

Witness: \_\_\_\_\_

**Prohibition of Re-Disclosure:** This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 21). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains as otherwise permitted by 42 CFR Part 21. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal Rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

### Consent for the Release of Employee Health Information

Effective Date: 2/14/02