THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center

Authorization for Release of Information from Medical Records
Reduced Salary Paid Leave Program *

(1) I hereby authorize _____ to disclose the following
(insert name of your physician/medical provider)

information from the health records of:

Patient Name: _____ **Address**:_____
Date of Birth: _____ **City:** _____
Telephone: _____ **Zip:** _____

covering the period(s) of healthcare: From (date) _____ to (date) _____

(2) **Information to be disclosed** (please check items that can be disclosed):

__ Complete Health Records
__ Physician's Office Visit/Exam Records
__ Laboratory Test Results
__ Imaging Reports
__ Therapy Records
__ Hospital Records
__ Specialist Consultation Reports
__ Operative Reports

□ Others (please specify) _____

I understand that this information may include, information relating to communicable diseases such as acquired immunodeficiency syndrome (AIDS) or infection with HIV (Human Immunodeficiency Virus), psychiatric care, treatment for alcohol, drug abuse, and /or genetic testing.

(3) This information is to be disclosed to M. D. Anderson, HR Rewards and Recognition-Benefits Leave Administration, Unit 634, P.O. Box 301402, Houston, TX 77230-1402 for the purpose of determination of eligibility for Reduced Salary Paid Leave benefits. Relevant medical information may also be reviewed in relation to other job-protected leave requested by the employee.

(4) I understand that this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization. Unless otherwise revoked, this authorization will expire on the following date, event, or condition:
_____.

(5) I understand that information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal privacy laws.

Signed: _____
(Patient) (Date)

_____
or (Personal Representative) (Relationship to Patient) (Date)

*** Employee should fax this completed form to HR Benefits at 713-794-1434**