



# EMPLOYEE OCCUPATIONAL HEALTH RECORD (EOHR) CONSENT TO RELEASE/DISCLOSURE AUTHORIZATION

I, \_\_\_\_\_, hereby authorize  
Employee Name (Print) Employee Identification Number

\_\_\_\_\_, to release documents noted below from my EOHR to  
Employee Occupational Health Records Custodian

\_\_\_\_\_  
Name of Individual Authorized to Receive Records

\_\_\_\_\_  
Full Address of Individual Authorized to Receive Records

\_\_\_\_\_  
Professional Affiliation of Individual Authorized to Receive Records

This authorization covers the following information from my employee occupational health records file. (Specific description of the information requested to be released.) NOTE: "Any and All" records is not acceptable.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

I DO NOT give permission for any other use or re-disclosure of this information. This consent may be revoked at any time. If not earlier revoked, this consent will expire 90 days from date of signature. Additional restrictions regarding this release are:

\_\_\_\_\_  
\_\_\_\_\_

Print Full Name of Employee or Legal Representative (If legal representative, attach copy of documenting legal authorization.)

Signature of Employee or Legal Representative	Date
Signature of Individual Authorized to Receive Records	Date
Signature of Individual Authorized to Release Records	Date

See WAC 296-802.

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.

Distribution: **WHITE** - Employee Occupational Health Record  
**CANARY** - Employee  
**PINK** - Individual Receiving Record