



The University of Michigan Faculty or Staff Member Release of Medical Information

INSTRUCTIONS FOR HEALTH CARE PROVIDER

Your patient has reported an illness or injury to our office about which we require additional information. The patient's signature below authorizes release of the information. The University of Michigan wants to assist our faculty and staff members with successful continuation of work and / or return to work as soon as appropriate after an illness or injury.

Information on the condition of health is needed for this employee. Please be specific and objective since this information may affect this person's employment, compensation, or benefits. Confidential information may be reviewed by a University medical consultant and / or administrative personnel. Please include sufficient details to enable a reviewing physician to make an independent determination as to this person's health or ability to work. Complete information should minimize the need for further correspondence or telephone calls.

The faculty or staff member's signature below authorize you to provide to the University of Michigan medical records and information regarding the employee's general health, including records or information regarding mental, emotional or drug abuse treatment. This authorization is provided for your records.

A copy of this form shall be as valid as the original.

INSTRUCTIONS FOR FACULTY OR STAFF MEMBER

Please complete and sign the statement below. Take or mail this form to your medical care provider.

Authorization for Release of Medical Information.

I authorize you to provide to the University of Michigan information regarding your findings as to the present condition of my health as it relates to my ability to work. This release may be revoked at any time and will be valid no longer than is reasonably necessary to accomplish the purpose for which it is given.

Name of Faculty or Staff Member (please print)

Date Signed

Signature of Faculty or Staff Member

UMID

U.S. Social Security Number