



President: Jay Hunter
Vice President: Jay Berberick
Executive Administrator: Jodi Coville

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I, _____, authorize **City of Hamilton Return to Work Services** to release to following documents that have been checked off to my **Union CUPE Local 5167**.

Print Name

Check off approved documents for release:

- Return to work status reports
- Claim forms
- Letters from treating practitioners
- Functional ability forms
- Information regarding accommodations, restrictions or workplace modifications
- Other information – provide details: _____

Related to my absence or return to work dated: _____

This release is only in effect for six months from the date of signature.

This release may be revoked at any time by notifying Return to Work Services in writing.

Employee Printed Name

Employee Signature

Date

Witness Printed Name

Witness Signature

Date