



Ensure the most current form is submitted. Refer to the EMACS Forms/Procedures website.

Center for Employee Health and Wellness
MEDICAL EMERGENCY LEAVE (MEL)
RELEASE OF MEDICAL INFORMATION

Must print in Black or Blue in ONLY

EXPLANATION:

This authorization is for the use or disclosure of medical information and is being requested of you in compliance with the terms of the Confidentiality of Medical Information Act, "Civil Code Section 56 et.seq."

AUTHORIZATION:

I hereby authorize the following Physician, Hospital or Health Care Provider to furnish the San Bernardino County Center for Employee Health and Wellness with any medical information pertaining to my medical history, physical or mental condition, psychiatric illness and treatment, or treatment for substance abuse and/or alcohol abuse relating only to my claim for MEL filed on _____. I understand that this medical information will only be requested if it is needed to assist the above named parties with the facilitation of my medical care and/or the determination of my claim for MEL benefits.

Table with 3 columns: Name of Physician, Hospital, or Health Care Provider; Address; City, State, Zip. Contains three empty rows for data entry.

This authorization is limited to the following medical records and type of information

Form with checkboxes: Complete Medical Record, Records of Diagnostic Test(s), Other:

RESTRICTIONS:

I understand that the San Bernardino County Center for Employee Health and Wellness may not further use or disclose the medical information obtained as a result of this authorization unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

The medical information will be used for the following purpose: Determination of eligibility for MEL benefits.

DURATION:

This authorization shall become effective immediately and shall remain in effect until one (1) year from the date of Claimant's signature or the end of disability, whichever is earlier: _____

SIGNATURE:

Signature section with fields for Employee ID, Claimant's Name (Print), Signature, Date, Time, and Witness Signature.

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