



AUTHORIZATION FOR LIMITED USE OR DISCLOSURE OF MEDICAL INFORMATION

EXPLANATION: This authorization for use or disclosure of medical information is requested of you to ensure the accuracy, confidentiality, and prompt availability of said information.

AUTHORIZATION:

I hereby authorize the Platt College Administrator designated to this task by virtue of position within the College, any counselor or treatment facility I may be referred to and the testing laboratories to furnish the College, with results of all tests run. I further authorize any doctor who has written a prescription which I may be using to disclose the purpose of the prescription, the conditions under which it is to be taken, and any other pertinent information to the designated Platt College to assist in the Platt College Administrator's determination of my fitness for duty.

USES: Platt College may use the medical information authorized only for the following purpose:

To determine my ability to do my job or meet my qualifications for employment/educational enrollment or continued employment/educational enrollment and to defend in any legal proceedings in which my employment/educational enrollment or actions are at issue.

DURATION: This authorization shall become effective immediately and shall remain in effect throughout the duration of my employment/educational enrollment with Platt College and any post-employment/educational enrollment legal matters or proceedings, unless rescinded by me in writing.

RESTRICTIONS: I understand that the designated Platt College *Drug Free Workplace* Administrator may not further use or disclose the medical information unless further authorization is given by me or in case of post accident testing or disclosure is required or permitted by law or licensing authority.

ADDITIONAL COPY:

(1) I further understand that I have a right to receive a copy of this authorization on my request.

(2) I further agree that a reproduced copy of this form shall have the same force and effect as the original.

Signature _____ Date _____

Printed name _____