

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

INSTRUCTIONS: Completed form to be provided to your Health Care Provider(s) and sent to LeaveBankProgram@usda.gov or fax to: 202-720-5124

The U.S. Department of Agriculture (USDA), Food Safety and Inspection Service (FSIS), is requesting medical information supporting my application to become a recipient of the leave bank program. Information provided will be maintained confidentially.

Medical information to support my request will include:

- Medical reason time off work is necessary
- Nature and severity of the medical emergency/condition
- Expected duration of the medical emergency/condition
- Duration and frequency if medical emergency is intermittent

You are hereby authorized to furnish information from the record of the individual named below which is in the record system of your facility, and release to: United States Department of Agriculture, Food Safety and Inspection Service:

Name of Health Care Provider:

Health Care Provider Facility Address:

Phone Number:

Email:

Fax Number:

Signature Field:

Date:

AUTHORITY: The Food Safety and Inspection Service is authorized by Title 5, Code of Federal Regulations, Part 630, Subpart J, Leave Bank Program, to collect the information on this form. Solicitation of this information is also authorized by Section 6367 of Title 5, United States Code, regarding determination if an individual is eligible to receive donated leave due to a personal or family medical emergency.

PRINCIPAL PURPOSE(S): To obtain medical information from FSIS employees to assist in determining eligibility to receive donated leave from the leave bank. Additional potential uses of this information include using it to ensure fair and consistent treatment of employees and to adjudicate claims of discrimination under the Rehabilitation Act of 1973, as amended.

ROUTINE USE(S): The information will be used by and disclosed to FSIS personnel and contractors or other agents who need the information to implement and maintain the Leave Bank Program.

DISCLOSURE: Disclosure is voluntary. However, failure by an employee to provide the information may result in a denial to become a leave recipient.