

Employee Authorization Form for Medical Records Access

This **employee authorization form** sample allows organizations to grant permission for access to medical records securely and efficiently. It ensures compliance with privacy regulations by clearly outlining the scope and purpose of access. Using this form helps maintain confidential handling of sensitive employee health information.

Employee Information

Full Name:

Employee ID:

Department:

Authorization Details

Name of Person/Department Authorized for Access:

Purpose of Access:

Scope of Records to be Accessed:

Specify medical information to be accessed

Access Start Date:

Access End Date:

Employee Authorization & Consent

I authorize the individual/department named above to access my medical records for the purpose specified. I understand that this information will be handled confidentially and in accordance with applicable privacy regulations.

Employee Signature:

Date:

Authorize