OCCUPATIONAL MEDICAL SERVICES (OMS)
27 Courthouse Square, SUITE 184
ROCKVILLE, MD 20850
240-777-5118/ 240-777-5132 Fax
Email form to: medicalinfo.oms@montgomerycountymd.gov

AUTHORIZATION TO RELEASE/RECEIVE MEDICAL INFORMATION

Please print. Use a separate form for each person or agency with which information may be shared.

Employee _____ / / _____
Last Name First Name MI DOB Last 4 Digits SSN#

1. Occupational Medical Services has my permission to:

☐ Send to and or ☐ Receive from and or ☐ Verbally discuss the information checked below with:

Healthcare Provider's Name: _____ Specialty: _____
Phone Number: _____ Fax Number: _____

2. Initial all items covered by this release:

____ OMS Medical Record (includes all items checked below)

____ History & Physical ____ Diagnosis ____ Service Summary
____ Lab Results ____ Psychological Evaluation ____ Treatment Plan
____ Progress Notes ____ Medication Record ____ COVID19 Test Results
____ Records sent to OMS from other providers and contained in the OMS record.
____ Other (specify): _____

3. Reason Information is being shared*:* _____

4. This authorization is valid (check only one, release not to exceed one year)

☐ Until _____(date) ☐ For 90 days ☐ Until these conditions are met _____

5. I understand I can revoke (withdraw) this authorization at any time by submitting a request in writing to Occupational Medical Services (OMS). The revocation will become effective on the date it is received by OMS and does not apply to information that has already been used or disclosed through this authorization. I understand that if the persons or organizations I authorize to receive and/or use my health information are not subject to Federal or State privacy laws, this information may no longer be protected and could be disclosed.

_____ _____
Signature of Employee Date

_____ _____
Signature of parent, guardian, or other authorized person Date

If signed by other authorized person, please describe authority to act on behalf of employee. (Please print)_____

_____ _____
Signature and Title of Occupational Medical Staff Date

7-2021