

(Sample)

F M C S A

Federal Motor Carrier Safety Administration

www.fmcsa.dot.gov

AUTHORIZATION FOR RELEASE OF INFORMATION

APPLICANT IDENTIFICATION
Name: John Doe
Date of Birth: 1/1/1960

Protected Health Information: Any information that can be linked back to the individual applicant, can be in any form: written, electronic, or verbal.

(Signed original will be placed in the applicant's record and a copy provided to the applicant)

I (NAME OF APPLICANT) authorize the Federal Motor Carrier Safety Administration ("FMCSA" or "the Agency") to disclose, in a public docket accessible to all interested parties via the Internet, medical records and information related to my application for an exemption from one or more of the physical qualifications standards under 49 CFR 391.41. I understand that the medical records and information that will be disclosed by the Agency may include specific health information related to the medical conditions or illnesses, injuries, diagnosis, prognosis and medical treatment provided to me which have resulted in my not being able to obtain a medical certificate to operate commercial motor vehicles in interstate commerce. I understand that the American Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides certain protections against the release of my personal medical records and information and hereby waive all protections provided by HIPAA with regard to medical records and information related to my application for an exemption from certain requirements under 49 CFR 391.41.

Please check and initial the statement that applies: I do X I do not authorize this information to be released.

Information Limitations, if any: (list any information you do NOT want to release)

This information may also be shared with (please check one of the following):

1. Legal Representative : (if you have a lawyer, put his/her name here)

2 Other (please specify):
