



ALAMEDA COUNTY
CONSENT TO RELEASE PERSONNEL AND MEDICAL INFORMATION
 (For Fitness for Duty - Second Opinion Evaluation)

In connection with my request for a second opinion fitness for duty evaluation, I _____, hereby authorize my employer _____, Agency/Department Head/designee, to release to my chosen health provider/clinician any relevant personnel and medical information pertaining to my fitness for duty and ability to work. I consent and request that the following information/documents be released to my health provider/clinician for his/her review in order to evaluate and determine my fitness for duty:

- Relevant personnel records supporting my employer's Request for Fitness for Duty provided to the Alameda County's Civil Service Commission on _____.
- Relevant medical information regarding my initial fitness for duty examination conducted by the County's clinician, _____, on _____, which provides his/her assessment and determination on whether I possess the required fitness for the duties I am currently performing as a _____ (Classification). Included in the relevant medical information is a Description of Employee's Essential Job Functions (Form EF5) completed by the County's clinician.

I consent and request that the information as described above be sent to:

Fax:	Phone:

I understand the following:

- This authorization to use or disclose personnel and medical information pertaining to my fitness for duty and ability to work as described above is necessary for a second opinion evaluation to determine my fitness for duty and being signed voluntarily.
- This release will remain valid through the completion of the fitness for duty process or until 45 days from the date of signature unless a different date is specified here _____.
- A copy of this authorization is as valid as the original, and I am aware that I have a right to a copy of this authorization.
- I have the right to revoke this authorization at any time by providing written notification to the person and location identified directly above. The revocation will become effective on the date my request is received, except to the extent that the disclosing party or others have acted in reliance on the authorization.

Print Name:	Signature:	Date:
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