

# WISCONSIN AUTHORIZATION FOR USE & DISCLOSURE OF HEALTH INFORMATION

**[Individual/Patient/Client/Insured]:**

\_\_\_\_\_  
Name of Patient/Previous Names

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip, Phone ( )

\_\_\_\_\_  
Name of Employee (if different)

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip, Phone ( )

**AUTHORIZES:**

**DISCLOSURE OF PROTECTED HEALTH INFORMATION TO:**

\_\_\_\_\_  
Patient's Health Care Provider

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

**INFORMATION TO BE USED &/or DISCLOSED:**

The following is a specific description of the health information I authorize to be used and/or disclosed:  
only information requested in the attached Physician Certification for Family or Medical Leave

\_\_\_\_\_

In compliance with WI Statutes, which require special permission to release otherwise privileged information please release records pertaining to:  
[Check all that apply]

Mental Health       Developmental Disabilities       Alcohol &/or Drug Abuse       HIV test results

Other (Specify): \_\_\_\_\_

For the Following Date(s): From \_\_\_\_\_ To \_\_\_\_\_.

**DISCLOSURE IS NEEDED TO DOCUMENT:** (Check applicable categories)

Need for medical leave due to his/her own serious health condition

Need for family leave to care for the patient (parent, spouse, or child with a serious health condition).

Other (Specify): \_\_\_\_\_

**REDISCLASURE NOTICE:** I understand that information used or disclosed based on this authorization may be subject to re-disclosure and no longer protected by Federal privacy standards.

**EXPIRATION DATE:** This authorization is good until (indicate date or event) \_\_\_\_\_. By signing this authorization, I am confirming that it accurately reflects my wishes.

**SIGNATURE PATIENT/LEGAL REP:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
*(If signed by other than individual, state relationship with signature)*

