

Employee Permission – FORM B

Instructions

Employee

Complete Section I and II below, sign and date certification.

SECTION I: EMPLOYEE & PATIENT INFORMATION

Employee Name

Today's Date

Patient's Name

Patient's Relationship to Employee

Employee's Permission to Clarify Information

I give permission to a RCS Human Resource Specialist to contact my provider to clarify any information that my provider may have provided or may have failed to provide. ***I understand that if I do not authorize this contact, and if the provider does not provide the required information in a timely manner, my leave may be delayed.*** I understand that private clinical information (diagnosis, etc.) will not be released to my employer.

SECTION II: SIGNATURES

I certify that, to the best of my knowledge, all the information that is provided on this form is accurate and complete.

Employee's Signature

Date

Employee's Address:

City, State

Zip