



**HIPAA Authorization for Release of Information to  
Bismarck Public Schools For Family Medical Leave Act  
(FMLA) Purposes Only**

I, \_\_\_\_\_  
*Name of Employee*

**hereby authorize the following healthcare provider to release to Bismarck Public Schools the health information as stated below.**

**Health Information From:**

Physician/Clinic/Healthcare Provider (name and address) \_\_\_\_\_

Phone \_\_\_\_\_

**Health Information About:**

Employee Name \_\_\_\_\_

Employee Family Member Name : \_\_\_\_\_

**Purpose of Release:** Leave requested under FMLA based on health condition of  
\_\_\_\_\_self \_\_\_\_\_child \_\_\_\_\_spouse \_\_\_\_\_parent (*check one*)

**Release to:** **Bismarck Public Schools Attn:**  
**Stacey Geiger - HR Manager**  
806 N Washington Street  
Bismarck ND 58501  
Phone (701) 323-4072  
Fax (701) 323-4001

**Information to be Released:** Information is to be limited to reason employee is requesting leave under FMLA.

**Expiration of Authorization:** This authorization will expire one year from the date on which it is signed or when I am no longer requesting leave under FMLA, whichever is later.

**Withdrawal of Authorization:** I understand that I may withdraw or revoke this authorization at any time by giving written notice to my healthcare provider designated above. A withdrawal of this authorization will not apply to records/information already released in reliance upon the authorization.

**Re-disclosure:** I understand that once the above information is disclosed, it may be re-disclosed by the designated recipient and the information may no longer be protected by Federal privacy laws and regulations.

A photocopy or faxed copy of this signed authorization shall constitute a valid authorization.

I understand that the healthcare provider who is releasing this information to Bismarck Public Schools will not condition my treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date