

## Request for Family and Medical Leave Act (FMLA) Coverage

- Patients (age 18 and older), parents of minor patients (age 0-17), and individuals accompanying or caring for patients should discuss with their employer whether they are eligible for FMLA coverage and the process for requesting FMLA.
- If FMLA coverage is provided, the patient or parent of a minor patient should complete the Mayo Clinic *Authorization to Release Protected Health Information* form\* for their employer. The authorization form and employer's FMLA form should be sent to the patient's Mayo healthcare provider for processing.

## Requests for Employer-Provided Disability Benefits

- Patients should discuss with their employer whether disability benefits are offered through the employer.
- If the patient has disability benefits, the Mayo Clinic *Authorization to Release Protected Health Information* form\* should be completed and provided to the patient's employer to send with any requests for information to Mayo Clinic.

## Release for Work-Related Injuries

- Patients should discuss needed documents with their employer, Workers' Compensation insurance company, and any other party working with the patient related to a Workers' Compensation claim.

- The patient should complete a Mayo Clinic *Authorization to Release Protected Health Information* form\* for any party that may need health information to assist with care or processing the Workers' Compensation claim. The form should be provided to the requesting party to send with any request for information to Mayo Clinic. While certain parties do not require authorization to request records, it is always best to have an authorization on file.
- If the requesting party requests that the patient complete their authorization form, ensure that the authorization form states "Mayo Clinic to release" records as a Mayo requirement for valid authorization.

## Release to Schools

- Patients or parents of minor patients should discuss with the patient's school any documents that must be completed prior to returning to school, and these requirements should be discussed with the Mayo healthcare provider at the time of the visit.
- If information is needed by the school, the Mayo Clinic *Authorization to Release Protected Health Information* form\* should be completed and submitted with the request to allow release to the school.
  - Only immunization information can be released to a Minnesota school upon parental request without an authorization. All other requests require valid authorization from the parent of a minor patient or a patient age 18 and older.
- Parents of a minor child (age 0-17) should sign the authorization form while patients 18 years and older must sign the authorization form.

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\*The Mayo Clinic *Authorization to Release Protected Health Information* form can be obtained from (<http://www.mayo.edu/pmts/mc0001-mc0099/mc0072-01.pdf>) to print, complete, sign and submit to the needed parties.



## RELEASE OF HEALTH INFORMATION



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Mayo Clinic is a leader in protecting patients' medical information. Maintaining patient privacy is part of our mission to serve the needs of the patient first. In order to release information to any party other than the patient a valid authorization form from the requesting party or a Mayo authorization form needs to be signed by the patient (age 18 and older), parent of a minor patient (age 0-17), or the patient's legal representative. If valid authorization is not available when information is requested, the information may be sent to the patient to give to the requesting party.

For authorizations signed by the patient's legal representative, documents indicating the representative's legal authority must be provided. Documentation may be a health care advance directive, a power of attorney for health care decision making, or court appointed guardianship. Patients interested in completing a health care advance directive should let their Mayo healthcare provider know and a form will be provided.

Mayo Clinic offers Patient Online Services. This secure web site allows patients to view and print portions of their medical record, lab results, and upcoming appointments; send a message to a member of the care team; complete forms; and view and pay the bill. In most cases, patients may use Patient Online Services to obtain the medical record documentation they need to share with third parties. Patient Online Services can be accessed through a web browser or through the Mayo Clinic app. For more information, visit <http://www.mayoclinic.org/onlineservices>.

## Common Requests for Release of Health Information:

### Release to Medical Insurance Companies for Payment of Mayo Services

- Patients are asked prior to or at their Mayo visit to complete and sign an authorization form (*Mayo Clinic Authorizations and Service Terms*). This authorization form must be signed by the patient (age 18 and older), the parent of a minor patient (age 0-17), or the patient's legal representative with documentation indicating the legal representative's authority. This document gives Mayo Clinic permission to release information for insurance billing purposes.
- If this document is not signed, Mayo is unable to file a claim with the patient's insurance company.

### Release for Disability Insurance Policies

- Patients that have a separate disability insurance policy that pays when they are off work due to a medical condition should discuss with the disability insurance company any medical information needed to process the disability claim.
- Patients with such a policy should complete the Mayo Clinic *Authorization to Release Protected Health Information* form\* and provide it to the disability insurance company to request information from Mayo Clinic.

- If the disability insurance company requests that patients complete their company authorization form, note that Mayo Clinic requires the authorization include the name of a specific Mayo Clinic provider or specifically **Mayo Clinic to release** the information as well as the name of facilities or individual(s) to **receive** the information.

### Release to Healthcare Providers

- Patients are asked prior to or at their Mayo visit to complete and sign an authorization form (*Mayo Clinic Authorizations and Service Terms*). The authorization form must be signed by the patient (age 18 and older), the parent of a minor patient (age 0-17), or the patient's legal representative with documentation indicating the legal representative's authority. This document allows Mayo Clinic to release health information to healthcare providers for care and treatment.
- If this document is not available a valid authorization form from the requesting healthcare provider or the Mayo Clinic *Authorization to Release Protected Health Information* form\* will be required to release to any healthcare provider for care and treatment.
- Mayo Clinic requires the authorization include the name of a specific Mayo Clinic provider or **Mayo Clinic to release** the information as well as the name of facilities or individual(s) to **receive** the information.

## Release to Family and/or Friends

- If a family member or friend will be participating in a patient's care and needs information, the *Authorization for Mayo Clinic to Disclose Protected Health Information* form must be completed by the patient (age 18 and older), parent of a minor patient (age 0-17), or the patient's legal representative with documentation indicating the legal representative's authority. This form can be printed upon request at the time of the patient's visit.
- Patients not at Mayo Clinic can access the *Authorization to Release Protected Health Information* form\* to request release to the appropriate parties and send the completed authorization form to their Mayo Clinic healthcare provider.

## Release to Employers

### Request to Return to Work

- Patients should discuss with their employer any documents that must be completed prior to returning to work and then discuss those requirements with the Mayo healthcare provider at the time of the visit.
- If information is needed by the employer, the Mayo Clinic *Authorization to Release Protected Health Information* form\* should be completed and submitted with the request to allow release to the employer.