

AUTHORIZATION for Release Of Information

Case _____

I, _____ (print Employee's name), hereby authorize Ceridian to seek and/or release the following confidential/protected information. This information may be obtained from and/or released to:

Company Name: _____

Authorized Company Agent (primary contact name): _____

Address: _____

Telephone #: _____ Fax #: _____

Voice Mail is Private and Confidential: Yes No Fax is Private and Confidential: Yes No

This Release also includes authorization for the exchange of the following information between Ceridian, the above named Company Agent, and any referrals provided to me by Ceridian.

The information to be released may include:

- Date(s) of EAP consultation(s)
- Verification that I was given referrals
- Recommendations of referral agency or individual
- Progress report(s)
- Other (requires Employee's initials): _____

Method of releasing/obtaining information may be written and/or verbal.

I am signing under the following conditions:

- a) My judgment is not presently impaired by emotional duress or chemicals.
- b) I understand that I have the right to revoke this Authorization, in writing, except to the extent Ceridian has taken prior action in reliance upon this Authorization.
- c) I understand that, if not withdrawn, this authorization expires twelve (12) months from the date of signing.
- d) Under the Federal Regulations 42 CFR Part 2, and applicable state law, neither agency nor practitioner will further discuss information without my consent.

Employee's Signature: _____ Date: _____

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* VERIFICATION OF EMPLOYEE SIGNATURE/IDENTIFICATION is **required** for your protection and confidentiality
No information will be released without verification of identity.

Complete the verification below:

I, _____ (print name), am the Manager of
Employee, _____ (print name), who is seeking release
of information and verify that s/he is, in fact, the person whose name and signature appear above.

Manager's Signature: _____ Date: _____

Or: **Attach an enlarged, clear photocopy of your current driver's license or other official identification.**

Please return to:

CERIDIAN CORPORATION
3020 Denmark Avenue, Suite 600
Eagan, Minnesota 55121
Fax #: **651-994-2917** Management Line

Mail and fax are
Confidential

DISCLAIMER: Ceridian provides consultation and referral services. Telephone consultations do not constitute formal assessments. Ceridian consultants do not make diagnoses, provide treatment, perform fitness for duty evaluations, nor authorize return to work. Ceridian is not responsible for disclosures of information by third parties. Confidential/Protected information disclosed in reliance on this Authorization may be re-disclosed by the Company Agent(s) listed above and may no longer be protected by the Health Insurance Portability and Accountability Act of 1996. MC-WI Auth for Release 033104

Ceridian Corporation

Instructions - Authorization for Release Of Information

Note: There are separate Authorization forms for Substance Abuse Case Management and Management Consultation / Work Issues. *Please verify that you have the correct form.*

Company Contact

Print the first section of the Authorization with the following information:

- Name of referred Employee who is authorizing Ceridian to seek or release information
- Name of Company
- Name of individual(s) who will be point-of-contact and receive information released by Ceridian. Provide complete address (including city and state) and telephone and fax numbers. Note whether or not telephone and fax are confidential.

“The information to be released may include”

- “Other” Speak with a Ceridian Management Consultant before using this option.

“I am signing under the following conditions”

- All conditions listed must be met in order for the authorization to meet legal standards.

Employee’s Signature and Date

- Referred Employee must sign and date the form.

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Verification of Employee’s Signature/ Identification

One of the following forms of verification is *required*:

- Employee’s Manager (or authorized Company Agent) must be present to witness the Employee’s signature and then verify this with his/her own signature. This section requires printing the Manager’s name, Employee’s name and then completing Manager’s Signature and Date.

- Or:** Photocopy of the Employee’s current driver’s license or other official form of identification. *Enlarge the ID so it will be legible when faxed.*
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After completing the appropriate Authorization and obtaining Employee’s signature – fax to the number on the bottom of the Authorization.

Ceridian cannot communicate with Company Contact until the Authorization for Release of Information is received.