



Information Release Authorization

This form allows BJC EAP to release specific information regarding an employee's consultation to a particular party within his or her company.

Print this form, and fax the completed form to: 314-206-3410 or toll-free 888-505-6311, or mail it to:

BJC Employee Assistance Program
Suite 201
343 South Kirkwood Road
St. Louis, Missouri 63122 USA

I _____, hereby give permission to the agents or employees of BJC Employee Assistance Program (EAP) to release the following information:

This information is released to: _____
(name and title of supervisor)

Address _____ Phone _____

I have been informed of the risks and benefits of releasing this information.

This information may only be used for the following purposes: _____

I understand that this consent is subject to revocation at any time. However, revocation has no effect on disclosures made before EAP receives written revocation.

This consent expires on _____

I have read and understand this form, and sign my name hereunder freely, voluntarily and without coercion.*

**This form must be signed by a competent adult. If the person whose records are to be released is under the age of 18 or is incompetent, then a parent, guardian or other qualified personal representative must sign this release.*

Name of employee (please print) _____

Signature _____ Date _____

Address of employee _____



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Consenting party's name _____

Signature of consenting party _____ Date _____

Consenting party's address _____

Consenting party's relationship to the person whose records are to be released:

Name of witness (someone who can attest to the identity of the person signing this form)

(please print)

Signature of witness Date _____

Witness' address _____

Notice to Recipient of Information

This information is from confidential records, protected by federal and state laws. You are prohibited from making further disclosure of this information without specific prior written consent of the person to whom the information pertains. A general authorization for the release of medical or other information is not sufficient for this purpose.