

**AUTHORIZATION FOR TELEPHONE RELEASE**

\_\_\_\_\_ (Company), requests release of medical information via telephone. The Ingalls Occupational Health program has agreed to this release with the following understandings:

- The Company has been advised that medical results will only be released via telephone to the authorized company representatives listed below
- The Company has been advised that only the physician's signed final report is official notification of results, and that the information transmitted by telephone is considered to be a preliminary report
- The Company agrees to take full responsibility for the confidentiality of the medical information supplied by phone, and Ingalls Occupational Health has no liability for imprudent handling of the information within the Company
- The Company agrees to notify Ingalls Occupational Health in writing of any changes of phone number or authorized representatives to receive results.

***Please print:***

\_\_\_\_\_  
Authorized Company Representative

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Title

\_\_\_\_\_  
Additional Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Phone Number

Additional Authorized Representatives:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_