



Employee Information Release Authorization Form

This form is used to confirm a Prince George's County Government employee's authorization for the Office of Human Resources Management (OHRM) to disclose the employee's personal information protected under the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and/or the Privacy Act of 1974. **The completed and signed release waiver must be submitted to the OHRM Core HR Division via email at CoreHR@co.pg.md.us to request employee records and/or information.**

SECTION A: Employee Information

Please provide the information of the employee for whom the records are being requested.

Employee Name	
Last Name	
First Name	
Middle Initial	
Employee Address	
Street Address	
Apt #	
City	
State	
Zip Code	
Additional Information	
Phone Number	
Date of Birth (MM/DD/YY)	
Last 4 Digits of SSN OR County Employee ID Number	

SECTION B: Information Released

Please provide a detailed description of the specific employee information requested for the employee listed in Section A.

What is the purpose of this request?	
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Please list the specific records and/or information needed for the employee.	
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SECTION C: Authorization of Information Release

Please provide information for the company and/or individual who is authorized to access the employee information requested for the employee listed in Section A.

Company Name	
Point of Contact Name(s)	
Telephone Number	
Email Address	

SECTION D: Acknowledgement, Expiration & Revocation

*Please complete the section below to confirm your acknowledgement of the authorization for employee information requested for the employee listed in Section A. **Please note that if this section is not completed the form will not be accepted by OHRM.***

This authorization of employee information release expires 30 days from signature. Only records and/or information specifically listed on this request form will be released to the authorized company and/or point of contacts included on this form.

The employee may revoke their information release authorization at any time by giving written notice that includes the employee’s signature and date of revocation to the OHRM Core HR Division via email to CoreHR@co.pg.md.us. The revocation of this authorization will not affect or retract any action that OHRM or other named or unnamed persons take in relation to this authorization before a written notice of revocation is received.

Employee records and information are protected by the Federal and State Confidentiality Regulations as well as the provision of HIPAA and cannot be disclosed without written consent of the individual impacted unless otherwise provided for in the regulations. The employee has the right to revoke this information release authorization, in writing, at any time. Information used or disclosed pursuant to this employee information release authorization if disclosed by the recipient and may no longer be protected by federal or state law.

I understand and acknowledge this information by signing below.

Employee Signature	
Date	