Maternity Release to Return to Work

more information on the ADA process.

Job Title:

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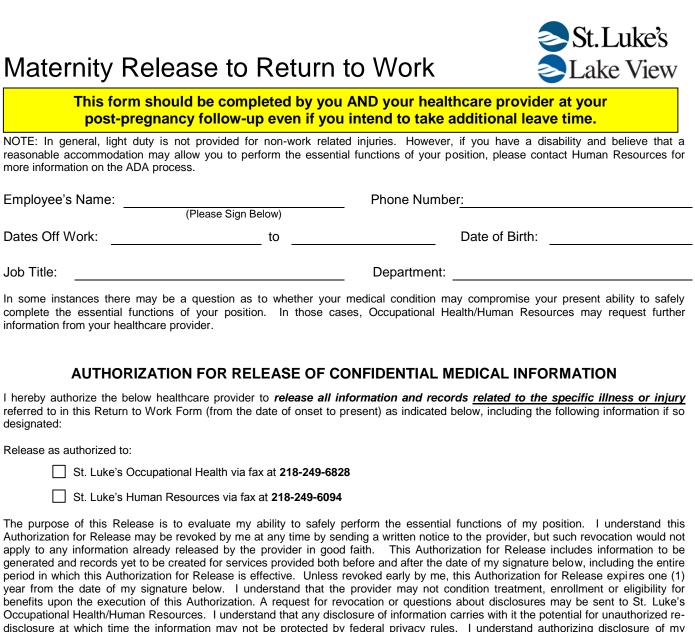
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information from your healthcare provider.	condition may compromise your present ability to safely upational Health/Human Resources may request further	
AUTHORIZATION FOR RELEASE OF CONFIDE	ENTIAL MEDICAL INFORMATION	
I hereby authorize the below healthcare provider to <i>release all informatio</i> referred to in this Return to Work Form (from the date of onset to present) a designated:		
Release as authorized to:		
St. Luke's Occupational Health via fax at 218-249-6828		
St. Luke's Human Resources via fax at 218-249-6094		
The purpose of this Release is to evaluate my ability to safely perform the Authorization for Release may be revoked by me at any time by sending a we apply to any information already released by the provider in good faith. generated and records yet to be created for services provided both before an period in which this Authorization for Release is effective. Unless revoked eve year from the date of my signature below. I understand that the provider benefits upon the execution of this Authorization. A request for revocation of Occupational Health/Human Resources. I understand that any disclosure of disclosure at which time the information may not be protected by federal medical information is voluntary. I understand that I may inspect or copy the 164.524.	ritten notice to the provider, but such revocation would not This Authorization for Release includes information to be d after the date of my signature below, including the entire arly by me, this Authorization for Release expires one (1) may not condition treatment, enrollment or eligibility for or questions about disclosures may be sent to St. Luke's information carries with it the potential for unauthorized re- privacy rules. I understand authorizing disclosure of my	
	Date:	
Employee Signature:	You will be contacted by Human Resources regarding your final clearance to return to work. Please DO NOT return to work until you hear from Human Resources.	
You will be contacted by Human Resources regarding yo	ur final clearance to return to work.	
You will be contacted by Human Resources regarding yo	ur final clearance to return to work. from Human Resources. healthcare provider <u>at the time of the</u>	
You will be contacted by Human Resources regarding yo Please DO NOT return to work until you hear This section must be FULLY completed by the attending	healthcare provider <u>at the time of the</u> nonot be processed and will be returned.	
You will be contacted by Human Resources regarding yo Please DO NOT return to work until you hear This section must be FULLY completed by the attending employee's release to return to work. Incomplete forms ca The dates listed above indicate the amount of time the employee I	healthcare provider <u>at the time of the</u> nonot be processed and will be returned.	
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