Toledo Electrical Welfare Fund

Authorization for Release of Information

I, _____, hereby authorize this release of information to IBEW Local Union 8 for the purpose of determining my return-to-work status.

I acknowledge that any and all information related to my case or claim may be released to IBEW Local Union 8. I further acknowledge that the TEWF is not responsible for the confidentiality of any information released under this authorization, upon release to IBEW Local Union 8. I expressly hold harmless the Toledo Electrical Welfare Fund ("TEWF") and its employees, management, and Board of Trustees for any release of information related to this authorization.

I understand that I may revoke such Authorization at any time by providing written notice of my intention to revoke such Authorization. Any information disclosed or disseminated prior to the Toledo Electrical Welfare Fund's receipt of such notice of revocation or for a reasonable administrative period thereafter shall not be affected by such notice, and no liability shall accrue as a result of such disclosure or dissemination.

_____ _____

Member Signature **Date**

_____ _____

Parent/Legal Guardian Signature **Date**

(if patient is a minor/under age 18)

_____ _____

Authorized Representative Signature **Date**

(if patient is unable to sign)