

**RELEASE OF MEDICAL RECORDS**

Seafarer's Name: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_, as a licensed or unlicensed seafarer serving aboard a Ready Reserve Force (RRF) vessel owned by the United States Maritime Administration, hereby authorize my doctor or medical professional,

\_\_\_\_\_,  
(Name of Doctors or Medical Professional, hereafter "Doctor")

\_\_\_\_\_  
Address, City, State, Zipcode

\_\_\_\_\_  
Telephone No.

to release the following medical records to the personnel office of my employer,

\_\_\_\_\_  
(the Ship Manager of the RRF vessel).

For purposes of this release, the term "Doctor(s)" includes any doctors or other medical professionals who has provided medical services to the above seafarer, including, but not limited to, physical examinations to determine the seafarer's fitness for duty and other medical services. It includes any doctor employed by or under contract to the above seafarer's Union to provide such examinations or services. If necessary, I hereby agree to execute any further releases such medical professionals may require to obtain release of the following medical records.

This release authorizes the Doctor(s) to provide to the above employer copies of my latest physical examinations to determine my fitness for duty.

This release also authorizes the Doctor(s)' to provide to the above employer at that employer's request copies to of all medical records the doctor(s) may have of any nature pertaining to me, (including, but not limited to all questionnaires, reports of physicals and tests, immunization records, ER records, admission and discharge summaries, dictated reports and consults, operative and procedure reports, medication and transfusion records, test results, labs, pathology reports, EKGs, diagnostic imaging, diagnostic reports, photographs, and patient instructions). This release specifically includes any health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. I hereby agree that an additional signed release will not be necessary for such further release of records. *(initial here)* \_\_\_\_\_

I further authorize the Doctor(s) and/or the Ship Manager to release the above described medical records to the United States Maritime Administration, Division of Marine Insurance, and its counsel, in the event I file a claim for illness or injury allegedly incurred while working as a crew member on an RRF vessel managed by the Ship Manager.

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I further understand that my express consent is required to release any health care information relating to testing, diagnosis, and/or treatment for HIV (AIDS Virus), sexually transmitted diseases, psychiatric disorders/mental health, or drug and/or alcohol use. If there have been any such tests, diagnoses, or treatments of me for HIV (AIDS Virus), sexually transmitted diseases, psychiatric disorders/mental health, or drug and/or alcohol use, I hereby specifically authorize the Doctor(s) to release any and all medical information in its possession or available to it relating to such diagnoses, testing or treatment. This release constitutes that express consent. **(initial here)** \_\_\_\_\_

The above medical information is released for the Ship Manager's use for administrative purposes and for the Maritime Administration's use in the event I file a claim of injury on board any of the Ship Manager's RRF vessels. I understand that I have the right to refuse to release these medical records or to revoke this authorization, and that no covered entity (as defined in 45 C.F.R. Part 164) may condition treatment, payment, enrollment or eligibility for benefits on the execution of this release, except as permitted by 45 C.F.R. Part 164.

I am voluntarily consenting to the release of these records as a condition of my employment with the Ship Manager. I understand that refusal to execute this release or revocation of this authorization may constitute grounds for termination of my employment with the Ship Manager. **(initial here)** \_\_\_\_\_

This authorization will expire upon my leaving the employ of the above Ship Manager or the RRF vessel, which ever is later, *unless* I file a seaman's injury claim or a claim for maintenance and cure after leaving the vessel or the Ship Manager's employ, in which case this release shall expire upon settlement of such claim or at the conclusion of any subsequent litigation. I certify that I am executing this document prior to the occurrence of any of the expiration events above. **initial here)** \_\_\_\_\_

I also understand that I have the right revoke this authorization in writing, except to the extent the records have already been released at the time I revoke the authorization. Any such revocation must be delivered, return receipt requested, to the Maritime Administration's Division of Marine Insurance (MAR-782), 400 Seventh St., S.W., Wash., D.C. 20590. Such revocation will be effective only after receipt of it by the Division of Marine Insurance.

I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by counsel for the United States during subsequent litigation and, as to those materials to which they would apply, no longer be protected pursuant to the provisions of 45 C.F.R. Parts 160, 162, and 164.

I acknowledge that I have received a copy of this authorization.

I declare under penalty of perjury, in accordance with 28 U.S.C. § 1746, that the foregoing is true and correct.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Address