

# PEACE CORPS



Dear

Pursuant to Peace Corps regulations under the Privacy Act, the medical records of volunteers are confidential. These records will be released only to proper agencies, such as insurance companies or federal agencies providing in-service or post-service coverage for illness or injury. Additionally, with your written consent, they will be released to anyone you designate. However, in your case, we have reviewed your medical records and determined that it is appropriate, because of professional considerations, to release the information only to your physician. Disclosure to you after such release is within the medical discretion of the physician. This regulation is necessary to insure that your health is not jeopardized.

In order for your records to be released, you must complete the authorization below and return it to this office. Please provide the necessary personal data, specify the name of the physician to whom the records are to be sent, and sign the authorization. We will sent the records as soon as possible.

Thank you again for your service in Peace Corps. If this office can be of any further assistance, please contact us.

Sincerely,

Chief  
Health Benefits and Analysis Division  
Office of Medical Services

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(Do Not Detach)

## AUTHORIZED FOR RELEASE OF MEDICAL INFORMATION

Privacy Act Statement: The information requested herein is necessary to identify your records and to forward them to your designated physician. The information on this form will not be routinely used except that any change of address may be transferred to the permanent records of former Peace Corps Volunteers. Failure to provide this information will make it impossible to comply with your request to forward your records. Many Peace Corps records are maintained by Social Security number, and use of this number is necessary for the retrieval of such records.

I hereby authorize the release of any medical information the Peace Corps may have concerning me to the physician specified below:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Social Security No.: \_\_\_\_\_  
Date Entered Training: \_\_\_\_\_  
Volunteer or Trainee Termination Date: \_\_\_\_\_  
Country Served In: \_\_\_\_\_