



Employee Wellness Center
4 Irving Place, New York, NY 10003 - 11th Floor North

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I, _____ Employee Name _____ Employee No.

Authorize Con Edison's Occupational Health Department to release the records described below to the persons or organizations described below for the purposes described below:

The information that may be released is the following:

Person or organization to whom records are to be released:

Name Phone #
Address City State Zip

If you are requesting records to be released to someone other than yourself, please fill out the remainder of the form.

If your records are being released to you, please leave the rest of this form blank, except the signature.

The information may be used for the following purposes:

This authorization is valid from the date signed until the following date or event: _____

_____ However, I may revoke this consent at any time in the future by providing written notice of revocation to Con Edison's Medical Records Department at the address listed below, with the revocation to take effect on the date notice is received by the Medical Records Department.

Employee Signature Employee No. Date

Please submit completed form to: Email: MedicalRecords@coned.com, Fax: 212-387-2129 or Con Edison, Medical Records Department, 4 Irving Place, New York, NY 10003 - 11th Floor North.